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COMPLETION REPORT
Volume I of III

11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama



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1.0 INTRODUCTION

Roux Associates, Inc. (Roux Associates) has prepared this Completion Report (report), on behalf of Solutia Inc. and Monsanto Company (acting on behalf of Pharmacia Corporation), to describe the remedial activities performed at the 11th Street Ditch located in the City of Anniston, Calhoun County, Alabama. Remedial activities were performed between August 5, 2004 and December 15, 2004 in accordance with the Administrative Order on Consent (AOC) that is Appendix C to the Partial Consent Decree between Solutia Inc., Pharmacia Corporation (hereafter collectively referred to as Parties) and the United States Environmental Protection Agency (USEPA) and the approved Remedial Design dated May 2003 with the exceptions and additions noted in this report. The specific technical requirements for the remediation of the 11th Street Ditch are established in a set of documents collectively referred to as the Contract Documents. The Contract Documents include:

- *11th Street Ditch Remedial Design* drawings (Design Drawings) dated May 2003;
- *Technical Specifications* dated May 2004;
- *Removal Response Action Workplan* dated July 2001;
- *11th Street Ditch Removal Response Action Addendum to Design Documents* (Design Addendum) dated May 2004;
- *Construction Quality Assurance Plan (CQAP)* dated May 2004;
- *Best Management Practices (BMP) Plan* dated May 2004;
- *Dust Control Plan (DCP)* dated May 2004;
- AOC that is Appendix C to the Partial Consent Decree dated August 4, 2003;

- *Environmental Right of Entry and Removal Response Action Agreement* (between Norfolk Southern Railway Company (NRSC) and the Parties dated December 12, 2003).

This report is divided into nine sections. The first section is the introduction to this report and other sections are included as follow:

- Section 2.0 – Background;
- Section 3.0 – Remedial Goals and Summary of Remedial Design;
- Section 4.0 – Summary of Remedial Action;
- Section 5.0 – Construction Quality Assurance;
- Section 6.0 – Remedial Costs;
- Section 7.0 – Operations and Maintenance;
- Section 8.0 – References; and
- Section 9.0 – Certification

An overview of future operations and maintenance (O&M) activities is provided in this report; however, it should be noted that a complete O&M plan has been prepared under separate cover. Supporting tables, figures and appendices are included at the end of this report.

2.0 BACKGROUND

Key background information is included in the following sections including a site description and an overview of site history.

2.1 Site Description

The site includes a designated portion of the 11th Street Ditch which receives stormwater discharges from the Solutia facility and surrounding properties in Anniston, Alabama. The designated portion of the Ditch is approximately 9,560 linear feet (total) and extends along both sides of the NSRC track, within the NSRC rail right-of-way (ROW). The Ditch generally flows from west to east and terminates at Snow Creek. Land use on the north side of the Ditch is primarily property owned by Solutia or vacant, with some residential parcels located across 11th Street near the confluence with Snow Creek. Property on the south side of the Ditch is either owned by Solutia, or is primarily used for commercial purposes. An approximate 400-foot length of ditch located on the Alabama Power Company (APCO) property adjacent to the Solutia facility, was also included as part of the remedy. Figure 1 is a site location map, and key site features are shown on Figure 2 which is a remedial design site plan.

Prior to remedial activities, the western portion of the Ditch (located upstream of Clydesdale Avenue) was generally characterized by thick vegetation and intermittent flow. Upstream of Clydesdale Avenue, some portions of the Ditch contained very steep slopes with significant erosion. Other portions of the Ditch were very flat and poorly defined. Significant features upstream of Clydesdale Avenue include the entrance of the APCO ditch, an approximate 200-foot previously lined ditch segment (B4), a 36-inch “cross-over” pipe that conveys flow from the south ditch under the rail line to the north ditch, a headwall with two 24-inch pipes and several pipes draining the area where a rail spur enters the Solutia facility.

Prior to remedial activities, the eastern portion of the Ditch (located downstream of Clydesdale Avenue) was characterized by steep, eroded slopes with some vegetation on the north side of the rail line and continuous flow. The portion of the Ditch requiring remediation on the south side is small and shallow and terminates approximately 1,100 feet east of Clydesdale Avenue. Another

portion of the Ditch that was remediated extends approximately 250 feet along an abandoned rail line east of Clydesdale Avenue. The entire northern ditch was remediated between Clydesdale Avenue and Snow Creek. Significant features downstream of Clydesdale Avenue include a previously exposed water line in the north bank of the Ditch, a railroad bridge culvert conveying off-site water into the Ditch, an approximate 8-foot by 6-foot culvert under McDaniel Avenue and the terminus of the Ditch in Snow Creek.

2.2 Site History

Impacted sediments were identified as part of a dredging project in the 11th Street Ditch completed by Monsanto Company at the request of the Alabama Department of Environmental Management (ADEM) and USEPA, in 1990. Subsequent sampling was performed in 1995 and 1996 in accordance with an AOC (No. 96-054-CHW) and a Resource Conservation and Recovery Act (RCRA) permit under the oversight of the ADEM and USEPA. The 1995 and 1996 sampling indicated the presence of polychlorinated biphenyls (PCBs) in the Ditch sediments. The following activities were then performed under ADEM oversight:

- Submission of an *Off-Site Interim Measures Plan* approved by ADEM in August 1998;
- Performance of a preliminary feasibility study and options analysis for potential remedial technologies to address PCB-containing sediments in the Ditch;
- Submission of an *Options Analysis Technical Memorandum, Off-Site Interim Measures Plan* approved by ADEM in May 1999;
- Submission to ADEM of a sampling and analysis plan to delineate PCB-containing sediments in the Ditch dated July 1999;
- ADEM determination that proposed measures would be considered a final remedy in correspondence dated July 13, 1999; and
- Submission of a *Corrective Measures Study* to ADEM in October 1999.

Delineation sampling was performed in the Ditch during two sampling events in April 2000, indicating the presence of PCBs at varying concentrations throughout the portion of the Ditch located upstream of Clydesdale Avenue south of the rail line and the portion of the Ditch located downstream of Clydesdale Avenue north of the rail line. The results of these sampling events were presented in the *North Railroad Ditch Sediment Sampling Report* and the *11th Street Ditch Sediment Sampling Report*, both dated October 2000.

The Parties and USEPA entered into an AOC in October 2000 which required Solutia to submit a sampling plan for portions of the Ditch that had not been previously sampled. The remaining portions of the Ditch, including the APCO ditch, were sampled in April 2001. PCBs were also detected at varying concentrations in the remaining portions of the Ditch. Results were presented in the *Sediment Sampling Report* dated June 2001.

In accordance with the AOC, a *Removal Response Action Work Plan (RAWP)* was submitted to USEPA in July 2001. The USEPA provided comments in correspondence dated February 4, 2002 and Roux Associates provided a response to USEPA's comments and outlined the proposed response action in correspondence dated March 13, 2002. Solutia requested a formal approval of the RAWP which USEPA provided in correspondence dated March 25, 2002 and April 4, 2002. It should be noted that a new AOC, dated October 5, 2001, was signed during this time. This AOC was incorporated as Appendix C into a Partial Consent Decree entered by Federal court on August 4, 2003. The October 5, 2001 AOC is included as Appendix A, and key USEPA correspondence is included as Appendix B.

Subsequent to approval of the RAWP, Roux Associates prepared the Remedial Design dated May 2003 (drawings) and May 2004 (all other design documents). The Remedial Design is described in additional detail in Section 3.2.

3.0 REMEDIAL GOALS AND SUMMARY OF REMEDIAL DESIGN

This section presents the remedial goals as provided in the AOC and a description of the Remedial Design.

3.1 Remedial Goals

The AOC established the following goals for remediation of the 11th Street Ditch:

- Prevent the potential for direct contact with soils and sediments with a PCB concentration of 10 milligrams per kilogram (mg/kg) or higher; and

- Prevent the release of soils and sediments with a PCB concentration exceeding 1 mg/kg.

These remedial goals were achieved through select excavation and disposal of impacted soils and sediments and installation of a liner within the Ditch. The Remedial Design is discussed in Section 3.2, and the details of the Remedial Action are described in Section 4.0.

3.2 Summary of Remedial Design

Roux Associates developed a Remedial Design for the site that meets all of the stated remedial goals in the AOC. Detailed descriptions of construction activities (including field modifications) and construction quality assurance are included in Sections 4.0 and 5.0, respectively. A general description of the primary Remedial Design elements is provided below. A site plan showing the Remedial Design elements is included as Figure 2. It should be noted that ditch segments B7 and C8 did not require remedial action as PCB concentrations were less than 1.0 mg/kg. Ditch segment D3 will be addressed in future floodplain corrective action programs with other floodplain areas adjacent to the defined ditch, if required.

Excavation was proposed in portions of the Ditch in which samples indicated PCB concentrations above 10 mg/kg. The ditch sidewalls were excavated to a depth of 6 inches and the Ditch bottom was excavated to a depth of 6 inches or 12 inches, dependent upon the observed sediment depth (determined during pre-design studies). Soils and sediments with PCB concentrations less than 50 mg/kg (non-TSCA) were transported to Three Corners Landfill in

Piedmont, Alabama for disposal. Soils and sediments with PCB concentrations greater than or equal to 50 mg/kg (TSCA) were transported to Chemical Waste Management's TSCA-approved facility in Emelle, Alabama for disposal.

Subsequent to excavation, a liner was installed within the Ditch. The original design, as presented in the May 2003 Design Drawings, included a 10-ounce nonwoven geotextile overlain by a 40-mil linear low density polyethylene (LLDPE) liner and 6 inches of wire mesh-reinforced concrete in most of the Ditch with alternate designs in select ditch segments. In the Design Addendum dated May 2004, the geotextile and LLDPE liner were replaced with a geocomposite consisting of a 6-ounce nonwoven geotextile heat bonded to both sides of a geonet. This design modification was based on the following:

- The geocomposite would provide an improved barrier to prevent soil migration;
- The geocomposite would provide improved drainage behind the concrete, therefore better protecting the future integrity of the concrete; and
- The geocomposite would provide a more suitable subgrade for the concrete and provide a better bond with the concrete.

The May 2004 Design Addendum is included in Appendix C. An additional memorandum further describing the design modifications, transmitted to USEPA on September 24, 2004, is also included in Appendix C.

Contraction joints were installed every 20 feet, and expansion joints were installed every 60 feet along the length of the Ditch. The blackboard expansion joint material originally specified for the project was replaced (as described in the Design Addendum) with a permeable recycled rubber expansion joint material to improve drainage of water conveyed by the geocomposite behind the concrete liner. Recycled rubber curbs were also installed in selected locations within the Ditch to attenuate higher anticipated post-construction flow velocities. As the original ditch cross sections were generally maintained and the vegetation was replaced with concrete

(resulting in a lower Manning's "n" coefficient), the hydraulic capacity of the ditch was improved.

Alternate ditch liners included geotextile with rip rap or ballast. These liners are discussed in further detail in Section 4.0.

4.0 SUMMARY OF REMEDIAL ACTION

The Remedial Action generally included excavation of select soils, disposal and installation of concrete and other liner materials. The remedial activities were performed between August 5, 2004 and December 15, 2004. The Remedial Action was performed under full-time oversight by USEPA, the Parties' Construction Manager, a NSRC representative and part-time oversight by Roux Associates. A NSRC flagman was also on-site full time to oversee activities adjacent to the rail line and provide warning of oncoming trains. Appendix D includes photographs of the site prior to the Remedial Action, during remedial construction activities and after the completion of the Remedial Action. During the course of the Remedial Action, approximately 4,617.5 tons of soil were excavated and disposed including approximately 4061.34 tons containing PCBs at concentrations less than 50 mg/kg and 556.16 tons containing PCBs at concentrations greater than or equal to 50 mg/kg. An additional 440 tons of debris (railroad ties, plates and miscellaneous construction debris) were also removed and disposed. The components of the Remedial Action are identified below, and are described in the following sections:

- Pre-construction activities and access;
- Health and safety;
- Mobilization and site preparation;
- Best management practices;
- Excavation and disposal;
- Concrete liner installation;
- APCO ditch;
- Vegetated swale and Snow Creek;
- Ditch segment D1;
- Ditch segment E1;
- Field modifications and additional construction items;
- Final survey; and
- Demobilization and site restoration.

A description of construction quality assurance activities is included in Section 5.0 of this report.

4.1 Pre-Construction Activities and Access

Pre-construction activities primarily included obtaining access to NSRC's ROW, selection of a Contractor to perform the work and review of Contractor submittals. An Access Agreement was executed by the Parties and NSRC on December 12, 2003. The Access Agreement includes NSRC contact information as well as provisions for future O&M activities as discussed in Section 7.0. A copy of the Access Agreement is included as Appendix E.

A pre-qualified Contractor was selected to perform the Remedial Action based on the most responsive, cost-effective proposal. The project was awarded to Taylor Corporation of Oxford, Alabama in May 2004. A pre-construction meeting was conducted on July 1, 2004 with the Parties' representatives, Taylor Corporation, NSRC and Roux Associates to identify roles and responsibilities of key project personnel, review procedures for Contractor submittals, health and safety, schedule, payment requisitions and other general administrative issues. NSRC requirements including procurement of a flagman and safety training were also discussed during the pre-construction meeting. Additional project meetings were held during construction as needed to review technical issues and scheduling. Copies of project meeting minutes are maintained in Solutia's project files at the Anniston facility.

Prior to commencement of remedial activities at the site, the Contractor provided the following documents for review and approval by the Construction Manager and Roux Associates:

- List of materials and equipment suppliers and manufacturers;
- List of Subcontractors and their qualifications;
- Construction schedule;
- Quality control procedures;
- Health and safety plan and proof of Hazardous Waste Operation (HAZWOPER) and Federal Railway Administration (FRA) training;
- Spill contingency plan;
- Temporary staging and storage plan;
- Soil erosion and sediment control plan;
- Water management plan;
- Decontamination methods and decontamination pad details;

- Clearing and grubbing procedures;
- Excavation and dewatering methods;
- Required test results and certifications for imported materials;
- Manufacturer's literature for geotextile and geocomposite; and
- Concrete design mix.

Work did not commence until the appropriate submittals were submitted and approved. Copies of these submittals are maintained in Solutia's project files at the Anniston facility.

4.2 Health and Safety

A comprehensive health and safety program was implemented at the site and included several components which are described below.

Training

Site personnel who could potentially come into contact with PCB-impacted soils received 40-hour HAZWOPER training in accordance with Occupational Safety and Health Association (OSHA) requirements (29 CFR 1910 and 1926) and received medical clearance. Site personnel also received FRA Roadway Safety Worker training in accordance with CFR Title 49, Part 214, Subpart C.

Health and Safety Plan

The Contractor was required to submit a health and safety plan prepared in accordance with OSHA requirements (29 CFR 1910 and 1926). The health and safety plan was reviewed and approved by the Construction Manager and Roux Associates prior to beginning work at the site.

Daily Tailgate Health and Safety Meetings

Daily tailgate health and safety meetings were conducted each morning prior to commencement of work activities for that day. The health and safety meetings were led by the Contractor's site health and safety officer and NSRC's flagman. Various appropriate health and safety topics were covered each day, and railroad safety procedures were discussed during every meeting.

Railroad Safety

In addition to providing FRA Roadway Worker Safety training to all on-site personnel, a NSCR flagman was on site during construction activities occurring within the ROW. The NSCR flagman reviewed railroad safety procedures with site personnel on a daily basis, provided warning of oncoming trains and coordinated work within fouling distance (4 feet) of the tracks.

Traffic Safety

A portion of the Remedial Action was performed adjacent to a public road (11th Street). Signs and orange barricades were set up to warn oncoming traffic of construction activities. Site personnel directed all equipment and truck traffic onto and off of 11th Street. A police officer also provided traffic direction and ensured that traffic was slowing down proximate to the site.

Dust Monitoring

Dust monitoring was performed throughout the project in accordance with Roux Associates' *Dust Control Plan* dated May 2004. Appropriate dust control measures, such as water spraying, were applied as appropriate. Dust control is discussed in further detail in Sections 4.5 and 5.1.

Successful implementation of this comprehensive health and safety program resulted in over 15,000 safe manhours worked at the site. There were no OSHA-recordable injuries.

4.4 Mobilization and Site Preparation

The Contractor mobilized to the site on July 19, 2004, and remedial activities began on August 5, 2004. The Construction Manager also mobilized to the site on July 19, 2004 and provided construction management for the duration of the Remedial Action. Prior to initiation of the major remedial construction activities, several site preparation tasks were performed including:

- Verification of on-site utilities within the work zone prior to initiating any intrusive activities;
- Set-up and operation of temporary construction utilities and facilities including a trailer, sanitary facilities and emergency response materials;
- Installation of soil erosion and sediment control measures;

- Set-up and operation of systems for management of site water;
- Installation of a decontamination area;
- Clearing and grubbing in work areas; and
- Removal of fence in certain areas as required to perform the work.

Soil erosion and sediment control and water management (collectively referred to as best management practices) are discussed in further detail in Section 4.5.

4.5 Best Management Practices

Best management practices (BMPs) at the site included implementation of soil erosion and sedimentation controls, water management measures and dust control. The Contractor submitted a soil erosion and sediment control plan and a water management plan which were both approved prior to commencement of construction activities. The Contractor was also required to implement BMPs in accordance with the *Best Management Practices Plan* prepared by Roux Associates dated May 2004.

BMPs utilized at the site for soil erosion and sediment controls generally included silt fence, check dams, hay bales and stabilized construction entrances. When practicable, disturbed soil areas were covered with geocomposite prior to rain events. When geocomposite could not be placed prior to the rain event, silt fence and/or hay bales were installed downgradient of the disturbed soil area to minimize soil migration. In addition to the silt fence and hay bales, Applied Polymer Systems (APS) Floc Log, a polyacrylamide-based dust suppression agent, was applied to the disturbed soils to minimize erosion. This material is a flocculent that binds soil particles together, therefore, preventing migration when water flows over a disturbed area.

During excavation activities, upstream water was diverted around the disturbed soil areas using check dams and pumps. In accordance with the BMP Plan, this water was not required to be treated or sampled unless excessive turbidity was observed. Runoff flowing into disturbed areas or otherwise coming into contact with potentially impacted soils was treated utilizing sediment bags and addition of a flocculent. Subsequent to treatment, the water was diverted downstream

of the disturbed work area. Spent sediment bags were characterized based on the PCB concentrations of proximate ditch samples and disposed off-site at the appropriate facility.

Dust monitoring was performed upwind and downwind of the work area to ensure that air-borne particulates did not present a health hazard to site personnel or the community. Water spraying was performed as necessary to minimize dust levels. Dust monitoring results and documentation are discussed in Section 5.1.

4.6 Excavation and Disposal

Prior to excavation of each ditch segment, the Contractor submitted a ditch profile showing bottom excavation depths based on the pre-determined depths of 6 inches below ground surface (bgs) or 12 inches bgs and required slopes to maintain positive flow within the Ditch. The minimum excavation depths of 6 inches bgs and 12 inches bgs were determined as part of pre-design activities and were dependent upon observed sediment depths. All sideslopes in required excavation areas were excavated to 6 inches bgs. Modifications were made to the excavation schedule in certain areas of the Ditch due to field conditions as approved verbally by USEPA in the field. Section 4.12 describes field modifications in further detail.

A total of 4,617.5 tons of soil were disposed from the site (approximately 2,000 tons were anticipated based on the design). Approximately 4,061.34 tons of soil with PCB concentrations below 50 mg/kg (non-TSCA) were transported to Three Corners Landfill in Piedmont, Alabama for disposal. Approximately 556.16 tons of soil with PCB concentrations of 50 mg/kg or higher (TSCA) were transported to Chemical Waste Management's TSCA-approved facility in Emelle, Alabama. The excavated materials generally consisted of disturbed soils including deposited sediments and documented foundry fill. Grubbed subgrade materials were also disposed at the appropriate facility based on the PCB concentrations in the surrounding soils. An additional 440 tons of non-hazardous, miscellaneous construction debris were also collected within the ROW and disposed at Industrial Waste, Inc. in Anniston, Alabama as approved verbally by USEPA in the field. Debris collected within the ROW and disposed included railroad ties, plates, spikes and miscellaneous trash. Table 1 includes a summary of the waste disposed during the project.

Waste manifests for non-TSCA waste and TSCA waste are included in Appendices F and G, respectively. Waste manifests for debris are included in Appendix H.

Gravel was used to backfill certain portions of the Ditch as needed to maintain positive flow (Appendix D, Photos 11, 13 and 18). The ditch was graded and compacted prior to liner placement. Two compaction tests were performed every 250 linear feet to confirm that the Ditch bottom was competent for installation of the concrete liner. Compaction testing is discussed in further detail in Section 5.4. Seven 3-point composite soil samples were collected for PCB analysis subsequent to excavation of certain ditch segments and are discussed in further detail in Section 5.2.

4.7 Concrete Liner Installation

Approximately 6,704 linear feet of ditch were lined with geocomposite and a wire mesh-reinforced concrete with a design strength of 4,000 pounds per square inch (psi). The concrete liner included Ditch segments B1 through B3, B5, B6, C1 through C7, D2, D4, F1, F2 and G1 through G5. Subsequent to Ditch excavation, backfill and compaction, geocomposite was installed. The seams were overlapped in the downstream flow direction and the geocomposite was staked into the subgrade (Appendix D, Photos 12, 13 and 15). Galvanized steel wire mesh was installed on top of the geocomposite and supported using plastic chairs (Appendix D, Photos 12 and 15). A continuous #4 steel reinforcement bar was also installed at the top of each slope. Transitions into headwalls, wingwalls and culverts were reinforced in accordance with the Design Drawings. Concrete was installed in formed sections to a minimum depth of 6 inches. The concrete was poured in some sections and pneumatically applied (shotcrete) in some sections, dependent on the shape of the Ditch (i.e., steepness of the side slopes). Expansion joints, constructed from Reflex™ recycled rubber, were installed every 60 linear feet. Contraction joints, consisting of saw cuts, were installed every 20 linear feet. Five energy dissipator curbs were installed in the Ditch to attenuate higher anticipated post-construction flow velocities. The energy dissipator curbs were also constructed from Reflex™ recycled rubber bolted into the concrete. Surge stone (3-inch to 6-inch diameter) was installed just upstream of Ditch segments B6 and C7 and just downstream of Ditch segment D4 to minimize erosion at the edge of the concrete (Appendix D, Photo 21).

4.8 APCO Ditch

Approximately 420 linear feet of the APCO ditch (segment A1) were lined with concrete only. The pre-existing APCO ditch had an existing rip rap lining (Appendix D, Photo 4). As part of the remedy, shotcrete with a strength of 4,000 psi was applied to the rip rap to fill in the voids between the stones (Appendix D, Photos 10 and 20).

4.9 Vegetated Swale and Snow Creek

Geotextile and rip rap were installed in two locations: the vegetated swale located north of Ditch segment B4 (Appendix D, Photo 23); and the terminus of the Ditch at Snow Creek (Appendix D, Photos 19 and 37). The vegetated swale located north of Ditch segment B4 was lined with a nonwoven geotextile and an approximate 12-inch layer of rip rap to attenuate post-construction flow velocity. The banks of Snow Creek at the terminus of the 11th Street Ditch were lined with a nonwoven geotextile and an approximate 12-inch layer of rip rap to minimize erosion at the terminus of the Ditch. The bottom of Snow Creek at the terminus of the 11th Street Ditch was lined with rip rap only. Concrete was applied to the rip rap directly adjacent to the side slopes of the Ditch to further stabilize the area and attenuate the higher anticipated exit velocity of Ditch flow.

4.10 Ditch Segment D1

Ditch segment D1 is an approximate 2,500-square foot area located east of the railroad relay building between Ditch segments C1 and D2 (Appendix D, Photo 24). Ditch segment D1 was completed prior to the 11th Street Ditch construction activities (earlier in 2004) and included installation of a nonwoven geotextile and approximately 12 inches of gravel.

4.11 Ditch Segment E1

Ditch segment E1 comprises approximately 1,100 linear feet of v-shaped ditch and is located south of the rail line downstream of Clydesdale Avenue (Appendix D, Photo 31). The north side of this Ditch segment comprised an existing ballast embankment. As directed by NSRC due to limitations posed by track maintenance requirements, the southern bank of ditch segment E1 received a nonwoven geotextile and approximately 6 inches of ballast.

4.12 Field Modifications and Additional Construction Items

Several additional construction items and field modifications were required as part of the remedy and are detailed below.

- Approximately 500 feet of NSRC signal cable were relocated within the ROW proximate to Ditch segments C7 and C8 at NSRC's request. A 24-inch wide by 34-inch deep trench was excavated and a nonwoven geotextile "marker" layer was placed at the bottom of the trench. The cable was installed at the bottom of the trench within an approximate 4-inch sand bedding layer. The trench was backfilled with imported common fill, compacted and restored with dense graded aggregate (DGA).
- Ditch segment C4 was not excavated prior to lining as shown in the Design Drawings due to slope failure concerns.
- Rip rap was installed at the upstream edge of Ditch segments B6 and C7 and the downstream edge of D4 to prevent erosion at the edge of the concrete liner.
- Certain areas of the remedy did not include a defined Ditch with positive flow. These areas were generally concentrated around ditch segments B2, B3, C1 and C2. To facilitate improved drainage within the ROW, flat areas were excavated and graded to maintain positive flow, resulting in increased disposal of soils.
- A 4-inch perforated pipe/gravel underdrain that directs water into the eastern end of Ditch segment C1 was installed to facilitate drainage in this portion of the ROW.
- The 24-inch reinforced concrete pipe that conveys flow from Ditch segment C2 to D2 (Appendix D, Photo 6) was clogged. The pipe was cleaned using a dry-bore method, and approximately 39 tons of additional soils were characterized and disposed as non-TSCA waste.

- The footprint of the concrete liner was adjusted in certain locations as directed by NSRC to facilitate future track maintenance and installation and provide a ledge for safe footing along the track.
- The 24-inch steel pipe in Ditch segment D2 was extended using two 12-inch pipes approximately 25 feet to facilitate positive flow in this area.
- A portion of Ditch segment D2 was lined with geotextile and surge stone instead of concrete due to the presence of an exposed 12-inch steel pipe and a poorly defined ditch in this area. The geotextile and surge stone will prevent direct contact with underlying soils and minimize erosion in this area as it is susceptible to flooding from overflow of upstream pipes.
- Due to excessive water seepage in Ditch segment F2, concrete installation was not practicable. Therefore, approximately 20 linear feet of 48-inch reinforced concrete pipe and two 4-inch underdrains were installed in the open concrete chute and tied into the upstream junction box (Appendix D, Photo 33).
- At NSRC's request, approximately 240 feet of PVC conduit with signal cable were installed along the south bank of Ditch segment G5. Due to the small clearance between the track and the bank of the Ditch, the conduit and signal cable were installed to facilitate future signal installation in this area if needed.
- A 24-inch pipe crossing under 11th Street at Brown Avenue was cleaned, extended and tied into the concrete liner at Ditch segment G5.
- Ditch segment G5 was shown in the design drawings as being excavated with all excavated material being disposed as hazardous (≥ 50 ppm PCBs). With USEPA review and approval, Ditch segment G5 was divided into smaller segments according to sample location and respective PCB concentration.

4.13 Final Survey

Surveying was performed throughout the work to confirm excavation/backfill extent and limits, maintain positive drainage within the Ditch and for the purpose of making progress payments. The surveying was performed by Taylor Surveying, Inc., an Alabama State-licensed surveyor. The final as-built survey for the site includes the following sheets:

- Title sheet;
- Site plan;
- Cross sections (3 sheets); and
- Details (2 sheets).

The as-built survey documents the final in-place Ditch remedy including the liner footprint, liner type (concrete, gravel, etc.), energy dissipater curbs and other key remedy features. Certain sheets from the May 2003 Design Drawings were omitted from the as-built survey because they described construction methods and sequencing only and do not represent as-built conditions at the site. These sheets include the Excavation and Lining Schedule (Sheet 5), Soil Erosion and Sediment Control Plan (Sheet 8), Limits of Disturbance (Sheet 9), Total PCB Concentrations and Proposed Remedial Actions (Sheet 10) and certain details (Sheets 6 and 7). The final as-built survey is included as Appendix I.

4.14 Demobilization and Site Restoration

Demobilization and final site restoration activities included the following:

- Decontamination of all site equipment;
- Final grading, seeding and stabilization in disturbed areas;
- Removal of personnel, equipment and materials from the site; and
- A final site inspection performed on December 15, 2004.

It should be noted that the decontamination pad was left in place for potential use on other projects taking place in the area. Four signs were also installed at NSRC's request (Appendix D,

11th Street Ditch Removal Response Action Completion Report
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Photos 30 and 35). Two signs are located at Clydesdale Avenue and two signs are located at McDaniel Avenue, as shown on the as-built survey. The signs state the following:

WARNING
DO NOT DIG
ENVIRONMENTAL REMEDY IN PLACE
LOCAL PROJECT CONTACT 256-231-8400
NORFOLK SOUTHERN DIVISION ENGINEER 205-951-4723

5.0 CONSTRUCTION QUALITY ASSURANCE

Quality assurance activities were performed during the work to verify that construction activities were performed in accordance with the Contract Documents. Quality assurance activities were performed in accordance with the CQAP and the Specifications and are described in detail in the following sections.

5.1 Best Management Practices and Dust Control

In accordance with the Contract Documents, BMPs were implemented at the Site to manage site water, prevent soil erosion and sedimentation and control construction-related dust. These activities were performed in accordance with the *Best Management Practices Plan* and the *Dust Control Plan*, both dated May 2004 and prepared by Roux Associates. In addition, the Contractor prepared submittals for BMP and dust control activities that were approved by the Construction Manager and Roux Associates.

BMPs included the installation of silt fence and hay bales as needed to prevent off-site migration of sediments. In addition to the silt fence and hay bales, APC Flocc Log, a polyacrylamide-based dust suppression agent, was applied to disturbed soils to minimize erosion. Water management included installation of check dams and pumping clean water in upstream areas around the disturbed work areas. Water that came in contact with disturbed soils was pumped through sediment bags, and the sediment bags were classified based on the PCB concentrations of samples previously collected from that portion of the project. Spent sediment bags were disposed based on their classification. In accordance with the BMP Plan, this water was not required to be treated or sampled unless excessive turbidity was observed. Spent sediment bags were disposed based on their classification. BMPs were inspected daily by site personnel. BMP inspection and certification forms are included as Appendix J.

In accordance with the *Dust Control Plan*, real-time air monitoring was performed by the Contractor at locations upwind and downwind of the work area. Exceedances of the dust monitoring action level were immediately addressed by water spraying the work area or cessation of operations. In some cases, elevated dust levels were a result of operations in an

adjacent concrete plant. Appendix K includes a summary of air monitoring results for the project.

5.2 Soil Samples

Following the excavation of selected Ditch segments, soil samples were collected and analyzed for PCBs for documentation purposes only. In accordance with the CQAP, soil samples were collected as 3-point composites for every 1,000 linear feet of excavation. A total of seven composite samples, designated RR-1 through RR-7, were collected and analyzed for PCBs utilizing USEPA Method 8082. All sampling was performed in accordance with procedures contained in the *Quality Assurance Project Plan for the Anniston PCB Site, Revision 2* (BB&L, 2005). PCB concentrations in the confirmatory samples ranged from 0.72 mg/kg to 89 mg/kg. Analytical results for composite soil samples are summarized in Table 2, and the laboratory report is included as Appendix L.

5.3 Imported Fill Materials

The following sections describe the quality assurance testing completed for the various imported fill materials that were installed during the project. A summary of the quantities of all imported fill materials is included in Table 3.

5.3.1 Common Fill

Common fill was obtained from a local, private source. Approximately 300 tons of imported common fill were installed within the signal cable relocation trench and certain areas within the ROW and the Ditch. The following quality assurance testing was performed for the common fill:

- Proctor;
- Gradation;
- Atterburg limits; and
- PCBs.

The quality assurance test data for the imported common fill is included in Appendix M.

5.3.2 Ballast

Vulcan Materials Company provided approximately 1,744 tons of 1.5-inch ballast for lining of Ditch segment E1, to raise the elevation in the bottom of the Ditch to maintain positive flow and for restoration of portions of the NSRC ROW adjacent to the Ditch. In accordance with the CQAP, the following quality assurance data were obtained for the ballast:

- Source certification; and
- Gradation.

The quality assurance documentation for the imported ballast is included in Appendix N. It should be noted that ballast supplied by NSRC was utilized to restore the ROW in Ditch segments B, F and G; therefore, quality assurance documentation is not included for that material.

5.3.3 Dense Graded Aggregate

Vulcan Materials Company provided approximately 288 tons of DGA for final restoration within the ROW along Ditch segments C1, D1 and D2. DGA was also used to restore the signal cable relocation area. In accordance with the CQAP, a source certification was obtained for the DGA. The quality assurance documentation for the imported DGA is included in Appendix O.

5.3.4 Rip Rap and Surge Stone

Vulcan Materials Company provided approximately 464 tons of rip rap and surge stone for installation in the following areas to prevent erosion:

- Vegetated swale north of Ditch segment B4;
- At the edge of the concrete liner in Ditch segments B6, C7 and D4;
- In portions of Ditch segment D2; and
- At the terminus of the Ditch in Snow Creek.

The rip rap ranged between 8 inches and 18 inches in diameter, and the surge stone ranged between 3 inches and 6 inches in diameter. In accordance with the CQAP, the following quality assurance data were obtained for the rip rap and surge stone:

- Source certification; and
- Gradation.

The quality assurance documentation for the rip rap is included in Appendix P.

5.4 Density Testing

In accordance with the CQAP, field nuclear density tests (ASTM D2922/D3017) were performed by the Contractor at a frequency of two (2) tests per 250 linear feet of ditch to confirm that the Ditch subgrade was stable prior to liner installation. The minimum required compaction for the Ditch subgrade was 95% of the maximum dry-weight density as determined by the Standard Proctor test. All field density tests met the minimum required 95% compaction. Field density testing results for ditch subgrade materials are included in Appendix Q.

5.5 Geosynthetic Materials

Geosynthetic materials used for this project included 10-oz nonwoven geotextile and geocomposite. The geocomposite consists of 6-oz nonwoven geotextile heat bonded to both sides of a geonet. Geotextile was installed under the ballast in Ditch segment E1, under the rip rap and surge stone in Ditch segment D2 and the rip rap in the vegetated swale and Snow Creek. The geocomposite was installed under the concrete liner. In accordance with the CQAP, manufacturer material qualifications and certifications were provided to ensure that the geosynthetic materials met the requirements of the specifications. Quality assurance documentation for the geotextile and the geocomposite is included in Appendices R and S, respectively. In addition to the quality assurance data, daily inspections were performed by the Contractor to verify proper storage and deployment of the geosynthetic materials.

5.6 Concrete

Concrete for the ditch liner was supplied by Kirkpatrick Concrete, Inc. of Birmingham, Alabama and installed by the Contractor in accordance with the Contract Documents. Prior to placement of the Ditch liner, the Contractor submitted a proposed design mix and wire mesh certification for approval by the Construction Manager and Roux Associates. The concrete used for the Ditch

liner has a compressive strength of 4,000 psi and consists of the following design mix given in pounds per cubic yard (pcy) of concrete:

- 677 pcy cement;
- 169 pcy fly ash;
- 2,135 pcy concrete sand;
- 585 pcy pea gravel; and
- 350 pcy water.

An air entrainment admixture (ASTM C 260) and a retarder (ASTM C 494, Type D) were included in the concrete mix as appropriate dependent on ambient weather conditions. A curing compound (ASTM C 309, Type 2, Class A) was also applied to the concrete as appropriate.

During liner construction, concrete cylinders were collected by the Contractor for compressive strength testing at a frequency of one set (3 cylinders) per 100 cubic yards for the first 1,000 cubic yards. The frequency was reduced to one set of cylinders per 500 cubic yards following approval of the Construction Manager. Compressive strength tests were generally performed at 7 days and 28 days after the collection of the cylinders by Gallet & Associates, Inc. of Oxford, Alabama. In accordance with the Contract Documents, the concrete was conservatively specified to have a minimum compressive strength of 4,000 psi at 28 days. The results of compressive strength testing indicated that five (5) samples out of 58 samples tested failed to meet the specified strength at 28 days. Three of the five samples were tested at 56 days. Two of the samples did not have enough cylinders to be tested at 56 days. The compressive strength test results for these five cylinders are summarized as follow:

| Sample ID | Collection Date | Location (Ditch Segment and Station Numbers) | Compressive Strength at 28 Days (psi) | Compressive Strength at 56 Days (psi) |
|------------------|------------------------|---|--|--|
| C06615-0013B | 10/21/2004 | F1, 24+10 – 25+30 | 3,537 | 4,280 |
| C06625-0015B | 10/25/2004 | F1, 23+00 – 24+10 | 3,396 | 3,467 |
| C06626-0016B | 10/26/2004 | G1, 19+15 – 19+75 | 3,184 | 3,290 |
| C06633-0017C | 10/27/2004 | G1, 18+55 – 19+15 | 3,643 | --- |
| C06645-0018C | 10/29/2004 | G2, 15+00 – 15+60 | 3,007 | --- |

As shown on the above table, sample C06615-0013B achieved the specified 4,000 psi compressive strength by the 56 day test. Samples C06625-0015B and C06626-0016B did not meet the specified 4,000 psi strength at 56 days, and no cylinders were available to test C06633-0017C and C06645-0018C at 56 days. However, all of the cylinders exceeded 3,000 psi at 28 days, which is sufficient for the design function of the liner at the specified locations, and were increasing in strength when last tested.

Three additional Ditch panels were identified in which too much or too little retarder may have been added to the concrete mix resulting in potential low strength areas. Concrete cylinders were not collected from the delivery trucks for these three panels as they did not correspond with the strength testing frequency; therefore, concrete cores were collected from the in-place concrete for strength testing. Three concrete core samples were collected from each of the three panels to confirm that the concrete exhibited adequate compressive strength. The results from each of the three cores from each panel were averaged and the average result was compared to the specified compressive strength of 4,000 psi. The results of the core sample compressive strength tests were as follow:

| Sample ID | Compressive Strength | Average Compressive Strength for Three Cores |
|------------------|-----------------------------|---|
| Ditch Segment B6 | | 4,285 |
| B6 19+95 | 3,575 | |
| B6 20+05 | 4,000 | |
| B6 20+30 | 5,280 | |
| Ditch Segment B6 | | 3,352 |
| B6 18+50 | 3,530 | |
| B6 18+30 | 2,375 | |
| B6 18+10 | 4,150 | |
| Ditch Segment B3 | | 6,268 |
| B3 10+80 | 6,485 | |
| B3 10+40 | 8,275 | |
| B3 9+90 | 4,045 | |

As shown on the above table, the core samples from ditch segment B6 between stations 18+10 and 18+50 exhibited an average compressive strength below the specified 4,000 psi. All averages exceeded 3,000 psi and are deemed adequate for the design function of the liner at the specified locations.

In summary, the compressive strength testing (cylinder and core testing) indicated potential low-strength areas at the following five locations:

- Ditch segment F1 between stations 23+00 and 24+10;
- Ditch segment G1 between stations 19+15 and 19+75;
- Ditch segment G1 between stations 18+55 and 19+15;
- Ditch segment G2 between stations 15+00 and 15+60; and
- Ditch segment B6 between stations 18+10 and 18+50.

Although these cylinders/cores did not exhibit the specified compressive strength, these panels were not replaced for the following reasons:

- The ditch panels at these locations will not be subject to significant loads, the weight of water flowing in the Ditch is the only expected load;
- The low-strength panels represent a very small area relative to the overall size of the Ditch and are generally bounded by full-strength concrete on both sides;
- There are no structures tied into these panels such as culverts, wingwalls or yard inlets; and
- All of the noted sections exceeded a strength of 3,000 psi, which, although below the conservatively specified 4,000 psi, is adequate for the design function at the specified locations.

Concrete documentation, including the design mix, wire mesh certification and compressive strength test results, is included in Appendix T.

6.0 REMEDIAL COSTS

In accordance with the requirements of the AOC, estimated costs to complete the remedy are presented below:

| | |
|--|-------------------|
| Engineering, design, permitting and construction oversight | \$ 370,000 |
| Construction | \$ 1,950,000 |
| <u>Waste disposal</u> | <u>\$ 140,000</u> |
| Total | \$ 2,460,000 |

7.0 OPERATIONS AND MAINTENANCE

Future site controls and O&M will be required to ensure that the remedy remains in place and effective. The Access Agreement (Appendix E) provides for future access within the ROW to perform O&M activities and procedures and notification if invasive railroad work is required such as utility or track installation. An O&M plan has been prepared under separate cover and includes procedures and information required to ensure future effectiveness of the remedy including:

- Contact and notification requirements;
- Description and location of remedy features to be inspected and maintained;
- Repair procedures, if required;
- O&M schedule; and
- Reporting requirements.

Agreements are also in place with the City of Anniston Water Works and Sewer Board and APCO providing notification and procedures to be followed if water line work is required within or adjacent to the limits of the remedy or for property access to inspect and maintain the remedy, respectively.

8.0 REFERENCES

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- Solutia Inc., (March 25, 2002), Correspondence to USEPA, *Request for formal approval of the July 9, 2001 11th Street Ditch Removal Response Action Work Plan*.
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Solutia Inc., (May 6, 2003), *Correspondence (signed by both parties) to The Water Works and Sewer Board of the City of Anniston regarding procedures for performing repairs proximate to water lines and the remedy.*

Solutia Inc., (May 2004), *11th Street Ditch Removal Response Action Addendum to Design Documents.*

Solutia Inc., (2004), *11th Street Ditch Removal Response Action Work Plan for Relocating NSRC Communication Lines.*

Solutia Inc., (March 25, 2002), *11th Street Ditch Supplemental Sediment Sampling Report.*

United States Environmental Protection Agency, (December 3, 1990), *Memorandum: Policy on Management of Post-Removal Site Control (OSWER Directive 9360.2-02).*

United States Environmental Protection Agency, (June 1994), *Superfund Removal Procedures, Removal Response Reporting: POLREPs and OSC Reports.*

United States Environmental Protection Agency, (July 1, 1999), *CFR Title 40, Part 300 National Oil and Hazardous Substances Pollution Contingency Plan.*

United States Environmental Protection Agency, (January 31, 2001), *Correspondence to Solutia Inc., Comments on the December 27, 2000 11th Street Ditch Removal Action Sampling Plan.*

United States Environmental Protection Agency, (October 5, 2001), *Administrative Order on Consent (Docket No. CER-04-2002-3752).*

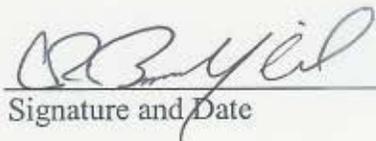
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9.0 CERTIFICATION

Under penalty of law, I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of the report, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 5/6/05

Signature and Date

Craig R. Branchfield

Name (printed)

Manager, Remedial Projects

Title

Solution Inc.

Company

**Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action;
Anniston, Alabama.**

| Date | Manifest No. | Weight (tons) |
|---|---------------------|----------------------|
| <i>Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama</i> | | |
| 8/12/2004 | 10055316 | 16.15 |
| 8/13/2004 | 10055314 | 15.03 |
| 8/16/2004 | 10055318 | 15.84 |
| 8/20/2004 | 10055317 | 14.78 |
| 8/21/2004 | 10055408 | 14.55 |
| 8/21/2004 | 10055409 | 17.17 |
| 8/23/2004 | 10055315 | 15.03 |
| 8/24/2004 | 10055407 | 20.49 |
| 8/25/2004 | 10055405 | 22.82 |
| 8/25/2004 | 10055406 | 14.24 |
| 8/25/2004 | 10055404 | 11.81 |
| 8/26/2004 | 10055410 | 14.99 |
| 8/26/2004 | 10055413 | 0.01 |
| 8/26/2004 | 10055412 | 23.70 |
| 8/26/2004 | 10055411 | 14.97 |
| 8/27/2004 | 10055398 | 14.74 |
| 8/27/2004 | 10055393 | 13.24 |
| 8/27/2004 | 10055394 | 25.30 |
| 8/27/2004 | 10055395 | 8.86 |
| 8/27/2004 | 10055397 | 13.52 |
| 8/27/2004 | 10055396 | 17.84 |
| 8/28/2004 | 10055402 | 12.85 |
| 8/28/2004 | 10055403 | 14.27 |
| 8/28/2004 | 10055401 | 13.03 |
| 8/30/2004 | 10055400 | 16.09 |
| 8/30/2004 | 10055390 | 15.19 |
| 8/30/2004 | 10055391 | 22.05 |
| 8/30/2004 | 10055392 | 16.33 |
| 8/30/2004 | 10055399 | 16.56 |
| 8/31/2004 | 10055384 | 18.63 |
| 8/31/2004 | 10055389 | 16.25 |
| 8/31/2004 | 10055386 | 16.86 |
| 8/31/2004 | 10055388 | 17.19 |
| 9/1/2004 | 10055385 | 20.61 |
| 9/1/2004 | 10055376 | 18.20 |
| 9/1/2004 | 10055383 | 17.31 |
| 9/1/2004 | 10055375 | 19.40 |
| 9/1/2004 | 10055380 | 19.68 |
| 9/1/2004 | 10055382 | 21.99 |
| 9/1/2004 | 10055381 | 21.19 |
| 9/2/2004 | 10055372 | 18.32 |
| 9/2/2004 | 10055370 | 21.20 |
| 9/2/2004 | 10055378 | 17.65 |
| 9/2/2004 | 10055377 | 14.69 |
| 9/2/2004 | 10055374 | 11.41 |
| 9/3/2004 | 10055373 | 18.58 |
| 9/3/2004 | 10055369 | 22.22 |
| 9/3/2004 | 10055371 | 22.82 |
| 9/4/2004 | 10056249 | 17.11 |

Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action; Anniston, Alabama.

| Date | Manifest No. | Weight (tons) |
|---|---------------------|----------------------|
| <i>Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama</i> | | |
| 9/4/2004 | 10056253 | 11.31 |
| 9/4/2004 | 10055368 | 15.48 |
| 9/7/2004 | 10056250 | 16.78 |
| 9/7/2004 | 10056255 | 21.63 |
| 9/7/2004 | 10056200 | 18.82 |
| 9/7/2004 | 10056252 | 15.99 |
| 9/7/2004 | 10056251 | 16.34 |
| 9/8/2004 | 10056196 | 12.18 |
| 9/8/2004 | 10056197 | 19.17 |
| 9/8/2004 | 10056203 | 16.95 |
| 9/8/2004 | 10056254 | 18.46 |
| 9/8/2004 | 10056202 | 17.84 |
| 9/9/2004 | 10056201 | 16.00 |
| 9/10/2004 | 10056199 | 11.38 |
| 9/10/2004 | 10056198 | 13.32 |
| 9/10/2004 | 10056205 | 18.18 |
| 9/10/2004 | 10056206 | 17.60 |
| 9/10/2004 | 10056207 | 17.31 |
| 9/10/2004 | 10056204 | 22.29 |
| 9/11/2004 | 10056246 | 13.51 |
| 9/11/2004 | 10056240 | 14.27 |
| 9/11/2004 | 10056247 | 21.16 |
| 9/13/2004 | 10056241 | 19.12 |
| 9/13/2004 | 10056248 | 17.12 |
| 9/13/2004 | 10056239 | 21.90 |
| 9/13/2004 | 10056238 | 15.12 |
| 9/13/2004 | 10056245 | 16.81 |
| 9/14/2004 | 10056244 | 22.69 |
| 9/14/2004 | 10056243 | 17.72 |
| 9/15/2004 | 10056230 | 18.19 |
| 9/15/2004 | 10056231 | 18.62 |
| 9/15/2004 | 10056242 | 20.32 |
| 9/16/2004 | 10056229 | 24.00 |
| 9/16/2004 | 10065224 | 18.11 |
| 9/17/2004 | 10056223 | 21.70 |
| 9/17/2004 | 10056225 | 23.01 |
| 9/17/2004 | 10056226 | 21.39 |
| 9/17/2004 | 10056227 | 15.64 |
| 9/17/2004 | 10056228 | 18.53 |
| 9/17/2004 | 10065217 | 24.66 |
| 9/17/2004 | 10065222 | 17.68 |
| 9/18/2004 | 391471 | 22.72 |
| 9/18/2004 | 391474 | 19.71 |
| 9/18/2004 | 10065220 | 18.22 |
| 9/18/2004 | 10065221 | 17.30 |
| 9/18/2004 | 391472 | 19.97 |
| 9/20/2004 | 391470 | 21.88 |
| 9/20/2004 | 391469 | 13.79 |
| 9/20/2004 | 391473 | 17.95 |

**Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action;
Anniston, Alabama.**

| Date | Manifest No. | Weight (tons) |
|---|---------------------|----------------------|
| <i>Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama</i> | | |
| 9/20/2004 | 10056216 | 20.41 |
| 9/21/2004 | 10056215 | 20.18 |
| 9/21/2004 | 10056214 | 22.55 |
| 9/21/2004 | 10056213 | 21.44 |
| 9/22/2004 | 10056208 | 14.63 |
| 9/22/2004 | 10026210 | 24.41 |
| 9/22/2004 | 10056211 | 23.88 |
| 9/22/2004 | 10056212 | 20.68 |
| 9/23/2004 | 10056218 | 14.86 |
| 9/23/2004 | 10056209 | 20.50 |
| 9/23/2004 | 10056232 | 13.85 |
| 9/24/2004 | 10056235 | 17.31 |
| 9/24/2004 | 10067430 | 19.68 |
| 9/24/2004 | 10056236 | 18.53 |
| 9/24/2004 | 10065219 | 20.28 |
| 9/24/2004 | 10067433 | 21.10 |
| 9/25/2004 | 10056237 | 19.94 |
| 9/25/2004 | 10056406 | 20.03 |
| 9/27/2004 | 10056409 | 19.78 |
| 9/27/2004 | 10056408 | 20.10 |
| 9/28/2004 | 10067410 | 22.62 |
| 9/30/2004 | 10056411 | 19.31 |
| 10/1/2004 | 10067407 | 19.48 |
| 10/1/2004 | 10056233 | 18.83 |
| 10/1/2004 | 10067412 | 19.87 |
| 10/2/2004 | 10067432 | 21.68 |
| 10/2/2004 | 10056234 | 19.11 |
| 10/4/2004 | 10067428 | 21.96 |
| 10/4/2004 | 10067429 | 20.97 |
| 10/5/2004 | 10067413 | 23.82 |
| 10/5/2004 | 10067363 | 18.03 |
| 10/5/2004 | 10067402 | 20.81 |
| 10/6/2004 | 10067396 | 20.28 |
| 10/6/2004 | 10067397 | 22.90 |
| 10/6/2004 | 10067364 | 20.88 |
| 10/6/2004 | 10067415 | 16.59 |
| 10/7/2004 | 10067370 | 19.75 |
| 10/7/2004 | 10067360 | 18.73 |
| 10/7/2004 | 10067395 | 19.37 |
| 10/7/2004 | 10067359 | 23.18 |
| 10/7/2004 | 10067372 | 11.00 |
| 10/7/2004 | 10067414 | 22.01 |
| 10/7/2004 | 10067371 | 16.07 |
| 10/7/2004 | 10055387 | 20.22 |
| 10/7/2004 | 10067416 | 16.73 |
| 10/8/2004 | 10067373 | 15.60 |
| 10/8/2004 | 10067377 | 17.38 |
| 10/8/2004 | 10067401 | 20.10 |
| 10/8/2004 | 10067361 | 23.18 |

**Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action;
Anniston, Alabama.**

| Date | Manifest No. | Weight (tons) |
|---|---------------------|----------------------|
| <i>Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama</i> | | |
| 10/8/2004 | 10067369 | 20.10 |
| 10/8/2004 | 10067374 | 20.25 |
| 10/8/2004 | 10067375 | 20.25 |
| 10/8/2004 | 10067376 | 17.56 |
| 10/8/2004 | 10067368 | 19.09 |
| 10/9/2004 | 10067424 | 27.37 |
| 10/9/2004 | 10067422 | 20.93 |
| 10/9/2004 | 10067365 | 25.24 |
| 10/11/2004 | 10067378 | 21.98 |
| 10/11/2004 | 10067423 | 19.93 |
| 10/11/2004 | 10067417 | 18.39 |
| 10/11/2004 | 10067420 | 21.66 |
| 10/11/2004 | 10067421 | 17.87 |
| 10/12/2004 | 10067389 | 23.24 |
| 10/12/2004 | 10067390 | 25.43 |
| 10/12/2004 | 10067419 | 20.47 |
| 10/13/2004 | 10067384 | 23.22 |
| 10/13/2004 | 10067386 | 22.74 |
| 10/13/2004 | 10067393 | 19.90 |
| 10/13/2004 | 10067394 | 21.60 |
| 10/14/2004 | 10076368 | 26.07 |
| 10/18/2004 | 10076357 | 21.91 |
| 10/18/2004 | 10076358 | 23.90 |
| 10/19/2004 | 10076366 | 21.41 |
| 10/19/2004 | 10076364 | 22.85 |
| 10/19/2004 | 10076353 | 17.70 |
| 10/20/2004 | 10076367 | 22.35 |
| 10/20/2004 | 10076362 | 23.18 |
| 10/20/2004 | 10076355 | 22.38 |
| 10/21/2004 | 10076356 | 15.13 |
| 10/23/2004 | 10076387 | 12.62 |
| 10/23/2004 | 10076393 | 11.02 |
| 10/25/2004 | 10076392 | 18.98 |
| 10/25/2004 | 10076391 | 18.12 |
| 10/25/2004 | 10076395 | 16.30 |
| 10/25/2004 | 10076394 | 10.85 |
| 10/26/2004 | 10076425 | 14.09 |
| 10/26/2004 | 10076422 | 18.58 |
| 10/26/2004 | 10076423 | 15.76 |
| 10/26/2004 | 10076424 | 15.10 |
| 10/26/2004 | 10076385 | 16.67 |
| 10/26/2004 | 10076386 | 12.37 |
| 10/27/2004 | 10076388 | 18.02 |
| 10/27/2004 | 10076411 | 17.46 |
| 10/27/2004 | 10076412 | 16.20 |
| 10/27/2004 | 10076426 | 12.39 |
| 10/28/2004 | 10076409 | 16.88 |
| 10/28/2004 | 10076407 | 13.89 |
| 10/28/2004 | 10076408 | 14.54 |

**Table 1a. Waste Disposal Summary. Non-TSCA Waste. 11th Street Ditch Removal Response Action;
Anniston, Alabama.**

| Date | Manifest No. | Weight (tons) |
|---|---------------------|----------------------|
| <i>Non-TSCA (PCB<50 mg/kg) Three Corner's Regional Landfill, Piedmont, Alabama</i> | | |
| 10/28/2004 | 10076414 | 17.91 |
| 10/28/2004 | 10076406 | 14.36 |
| 10/28/2004 | 10076410 | 18.01 |
| 10/28/2004 | 10076405 | 17.15 |
| 10/29/2004 | 10085430 | 20.71 |
| 10/29/2004 | 10076404 | 18.58 |
| 10/29/2004 | 10076413 | 19.89 |
| 10/29/2004 | 10076421 | 5.76 |
| 10/30/2004 | 10076415 | 18.08 |
| 10/30/2004 | 10076416 | 24.89 |
| 10/30/2004 | 10076417 | 22.37 |
| 11/1/2004 | 10076419 | 20.47 |
| 11/1/2004 | 10076420 | 18.83 |
| 11/2/2004 | 10085419 | 20.04 |
| 11/2/2004 | 10085427 | 21.38 |
| 11/3/2004 | 10085421 | 18.75 |
| 11/3/2004 | 10085420 | 16.34 |
| 11/3/2004 | 10085446 | 19.36 |
| 11/16/2004 | 10085418 | 20.04 |
| 11/19/2004 | 10085415 | 19.35 |
| 11/19/2004 | 10085416 | 18.81 |
| 11/19/2004 | 10085414 | 20.57 |
| 1/4/2005 | 10085407 | 26.16 |
| 1/5/2005 | 10085409 | 12.39 |
| TOTAL | | 4061.34 |

Table 1b. Waste Disposal Summary. TSCA Waste. 11st Street Ditch Removal Response Action; Anniston, Alabama.

| Date | Manifest No. | Weight (tons) |
|--|---------------------|----------------------|
| <i>TSCA (PCB>50 mg/kg) Chemical Waste Management, Emelle, Alabama</i> | | |
| 10/12/2004 | 956683 | 16.33 |
| 10/12/2004 | 956682 | 12.91 |
| 10/12/2004 | 956681 | 15.68 |
| 10/13/2004 | 956686 | 17.77 |
| 10/13/2004 | 956685 | 13.79 |
| 10/13/2004 | 956684 | 12.69 |
| 10/14/2004 | 956687 | 23.46 |
| 10/19/2004 | 956671 | 12.02 |
| 10/19/2004 | 956672 | 11.51 |
| 10/19/2004 | 956670 | 14.86 |
| 10/20/2004 | 956669 | 16.52 |
| 10/20/2004 | 956668 | 11.54 |
| 10/21/2004 | 956666 | 13.58 |
| 10/21/2004 | 956667 | 12.10 |
| 10/22/2004 | 956665 | 10.53 |
| 10/22/2004 | 956664 | 25.01 |
| 10/22/2004 | 956674 | 16.19 |
| 10/22/2004 | 956675 | 13.87 |
| 10/23/2004 | 956688 | 13.91 |
| 10/25/2004 | 956673 | 8.57 |
| 10/26/2004 | 956657 | 9.00 |
| 10/29/2004 | 956659 | 9.29 |
| 10/30/2004 | 956676 | 11.99 |
| 10/30/2004 | 956658 | 8.83 |
| 11/2/2004 | 956656 | 14.01 |
| 11/4/2004 | 956662 | 8.87 |
| 11/4/2004 | 956653 | 13.88 |
| 11/5/2004 | 956646 | 8.59 |
| 11/12/2004 | 956641 | 11.67 |
| 11/12/2004 | 956642 | 11.67 |
| 11/15/2004 | 299754 | 11.05 |
| 11/18/2004 | 299758 | 12.81 |
| 11/18/2004 | 299757 | 14.40 |
| 11/21/2004 | 299750 | 13.31 |
| 11/22/2004 | 299766 | 9.11 |
| 11/22/2004 | 299760 | 10.58 |
| 11/22/2004 | 299764 | 8.82 |
| 11/23/2004 | 299763 | 13.61 |
| 11/23/2004 | 299751 | 10.48 |
| 11/23/2004 | 299752 | 12.41 |
| 11/24/2004 | 299765 | 8.29 |
| 11/24/2004 | 299762 | 14.25 |
| 12/1/2004 | 299748 | 8.51 |
| 12/2/2004 | 299746 | 7.89 |
| TOTAL | | 556.16 |

**Table 1c. Waste Disposal Summary. Non-Hazardous Debris. 11th Street Ditch Removal Response Action;
Anniston, Alabama.**

| Date | Manifest No. | Volume (Cubic Yards) |
|---|---------------------|-----------------------------|
| <i>Non-Hazardous Debris, Industrial Waste Inc., Anniston, Alabama</i> | | |
| 8/13/2004 | 30454 | 20 |
| 8/14/2004 | 30452 | 24 |
| 8/14/2004 | 30480 | 20 |
| 8/14/2004 | 30481 | 20 |
| 8/14/2004 | 30482 | 20 |
| 8/16/2004 | 30478 | 20 |
| 8/17/2004 | 30467 | 20 |
| 8/17/2004 | 30468 | 22 |
| 8/17/2004 | 30470 | 22 |
| 9/27/2004 | 30518 | 19 |
| 11/2/2004 | 30672 | 35 |
| 11/12/2004 | 30803 | 23 |
| 11/12/2004 | 30804 | 15 |
| 11/16/2004 | 30801 | 25 |
| 11/16/2004 | 30802 | 20 |
| 11/17/2004 | 30546 | 23 |
| 11/17/2004 | 30547 | 35 |
| 11/17/2004 | 30548 | 35 |
| No Date On Manifest | 30502 | 22 |
| TOTAL | | 440 |

Table 2. Summary of Soil Sampling Results. 11th Street Ditch Removal Response Action; Anniston, Alabama.

| Sample Identification | Date Sampled | Ditch Segment | Station Number | Total PCB (mg/kg dw) |
|------------------------------|---------------------|----------------------|-----------------------|-----------------------------|
| RR-1 | 8/23/04 | C1 | 75 | 4.9 |
| RR-2 | 9/10/04 | B6 | 50 | 0.72 |
| RR-3 | 9/22/04 | B15 | 50 | 0.86 J |
| RR-4 | 10/7/04 | C9 | 90 | 8.89 J |
| RR-5 | 10/27/04 | F24 | 00 | 5.86 |
| RR-6 | 11/16/04 | G0 | 75 | 89 |
| RR-7 | 12/16/04 | E5 | 00 | 0.75 |

mg/kg = milligrams per kilogram dry weight.

J = Value is estimated.

Table 3. Summary of Imported Materials. 11th Street Ditch Removal Response Action. Anniston, Alabama. Page 1 of 1

| Imported Material | Weight (tons) |
|--|----------------------|
| Common Fill ⁽¹⁾ | 300 |
| Ballast ⁽²⁾ | 1,744 |
| Dense Graded Aggregate ⁽³⁾ | 288 |
| Rip Rap and Surge Stone ⁽⁴⁾ | 464 |

⁽¹⁾Imported Common Fill was installed within the signal cable relocation trench and some areas within the ROW and the Ditch.

⁽²⁾Ballast was used to line Ditch segment E1, raise the bottom elevation of certain Ditch segments and restore portions of the NSRC ROW adjacent to the Ditch.

⁽³⁾Dense Graded Aggregate was used for final restoration of the signal cable relocation area and the ROW along Ditch segments C1, D1, and D2.

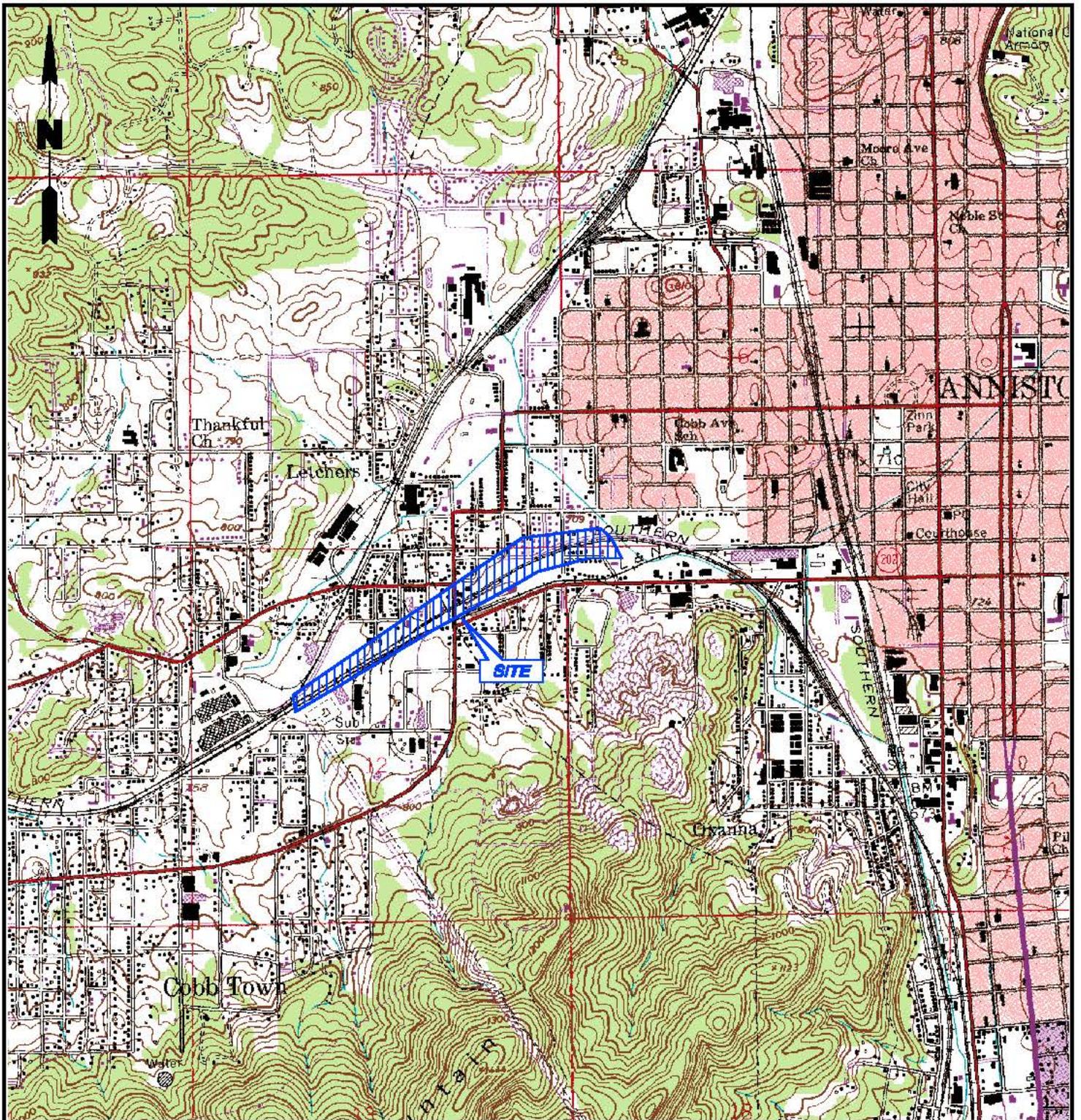
⁽⁴⁾Rip rap or surge stone was used in the following areas:

Vegetated swale north of Ditch Segment B4;

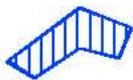
At the edge of the concrete liner in Ditch segments B6, C7 and D4;

In portions of Ditch segment D2; and

At the terminus of the Ditch in Snow Creek.



LEGEND



GENERAL SITE LOCATION

SOURCE

U.S.G.S ANNISTON, ALABAMA QUADRANGLE 1972 (PHOTOREVISED)
7.5 MINUTES SERIES (TOPOGRAPHIC)

Title:

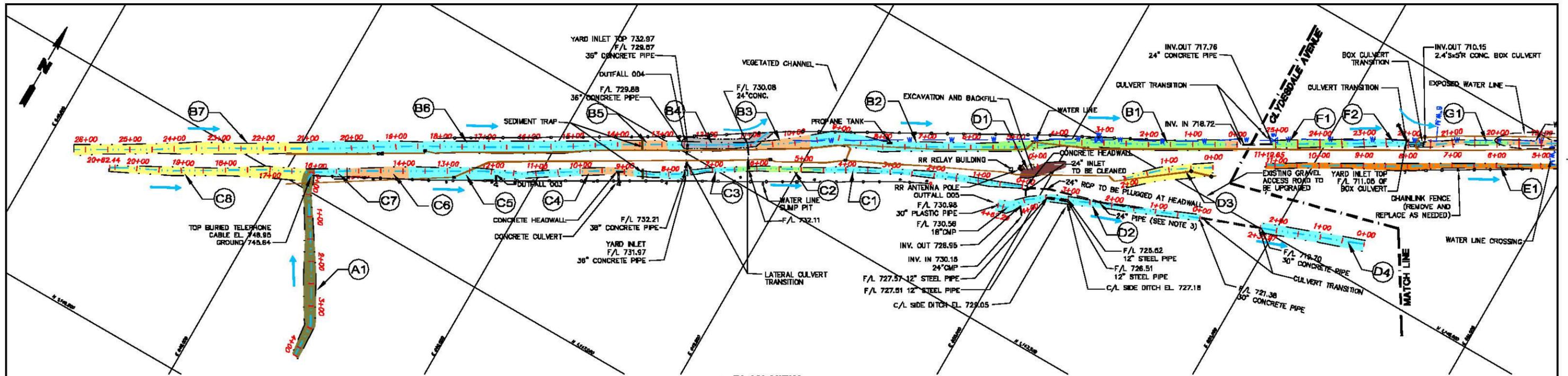
SITE LOCATION MAP

11th STREET DITCH
ANNISTON, ALABAMA

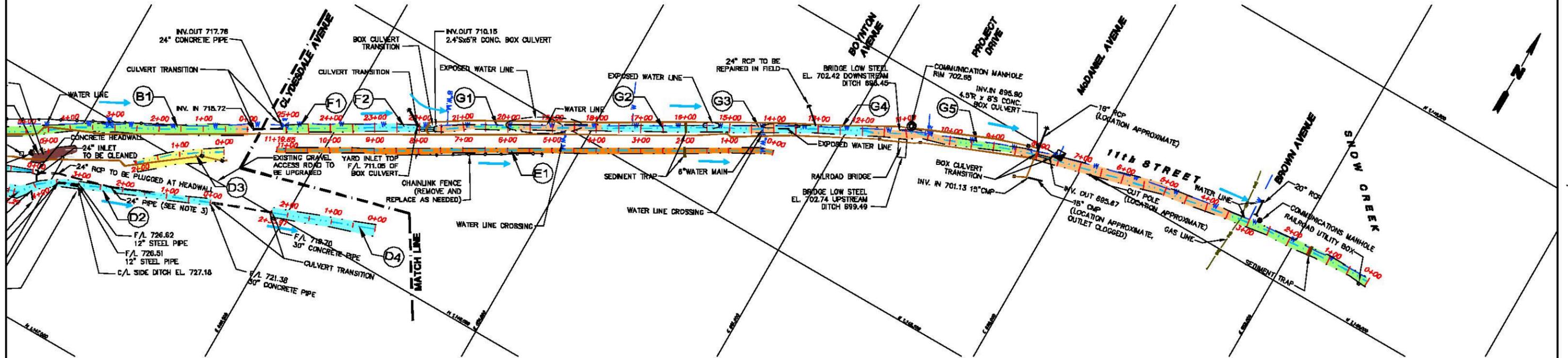
Prepared For:



| | | | |
|--|---------------------|-----------------|-------------------------------|
| ROUX ASSOCIATES, INC. <i>Environmental Consulting & Management</i> | Compiled by: M.M.H. | Date: 01/12/05 | FIGURE 1 |
| | Prepared by: B.J.F. | Scale: AS SHOWN | |
| | Project Mgr: M.M.H. | Office: NJ | |
| | File No: 58903001 | Project: 58903J | |



1 PLAN VIEW
100' 0' 100'



2 PLAN VIEW
100' 0' 100'

LEGEND

| | | | | | |
|------|---|---|-------------------------------|--|----------------------|
| (B4) | DITCH SEGMENT LOCATION AND IDENTIFICATION | W | WATER LINE | 6" | EXCAVATION AND LINER |
| → | FLOW DIRECTION | W | WATER VALVE | 12" | EXCAVATION AND LINER |
| — | MAJOR CONTOUR | — | LATERAL | TO RECEIVE APPROXIMATELY 12" OF 1/2" TO 3/4" LIMESTONE | |
| — | MINOR CONTOUR | — | RAILROAD COMMUNICATIONS LINE | DITCH SEGMENT TO BE LINED (NO EXCAVATION) | |
| — | RAILROAD TRACKS | — | RAILROAD UTILITY JUNCTION BOX | DITCH SEGMENT TO REMAIN AS PRESENT | |
| — | CHAINLINK FENCE | — | COMMUNICATIONS MANHOLE | EXISTING CONCRETE LINED DITCH | |
| — | GAS LINE | — | DITCH STATIONING | EXISTING RIP RAP TO RECEIVE FULL DEPTH FLOWABLE FILL GROUT | |
| | | — | DITCH CENTER LINE | GEOTEXTILE AND 6" LAYER OF 2" GRANITE | |
| | | — | SEDIMENT TRAP | | |
| | | — | TOP OF BANK | | |

NOTES

- SEE SHEETS 3 AND 4 FOR CROSS SECTION EXCAVATION AND LINER DETAILS AND SHEET 6 FOR LLOPE / SHOTCRETE LINER DETAIL.
- SEE SHEET 6 FOR CONTRACTION AND EXPANSION JOINT DETAILS. CONTRACTION JOINTS SHALL BE INSTALLED EVERY 20' AND EXPANSION JOINTS SHALL BE INSTALLED EVERY 60'.
- LOCATION OF 24" PIPE ADJACENT TO DITCH SEGMENT D2 IS TAKEN FROM PLAN ENTITLED, "PLANT MAP SEWER AREAS", PREPARED BY MONSANTO COMPANY, TECHNICAL SERVICE DEPARTMENT, ANNISTON, ALABAMA, JOB No. 369, DRAWING No. D1080-P20, REVISED TO SEPTEMBER 30, 1974. PIPE ROUTE AND OUTLET NOT FIELD VERIFIED.
- ALL UTILITY LOCATIONS SHOWN ARE APPROXIMATE. UTILITIES SHALL BE LOCATED BY CONTRACTOR PRIOR TO ANY LAND DISTURBING ACTIVITIES. RAILROAD UTILITIES TO BE LOCATED UNDER THE DIRECTION OF NORFOLK SOUTHERN PERSONNEL.

| CONTROL POINT | NORTHING | EASTING | ELEVATION | DESCRIPTION |
|---------------|---------------|-------------|-----------|---|
| MONUMENT 31-A | 1,146,114.889 | 898,744.910 | 728.00 | ALONG ADAMS STREET (APPROXIMATELY 800 FEET WEST OF DUNCAN AVENUE) |
| MONUMENT 37 | 1,146,417.186 | 848,287.891 | 728.87 | ALONG ADAMS STREET (APPROXIMATELY 300 FEET WEST OF DUNCAN AVENUE) |
| PK N&L | 1,147,843.664 | 852,338.663 | 728.82 | AT THE INTERSECTION OF OLD BRUSHDALE HWY AND WEST 7TH STREET |
| PK N&L | 1,146,628.724 | 852,338.289 | 728.81 | ALONG ADAMS STREET (APPROXIMATELY 400 FEET EAST OF DUNCAN AVENUE) |

Title: **REMEDIATION DESIGN SITE PLAN**

11th STREET DITCH
ANNISTON, ALABAMA

Prepared For: **ROUX ASSOCIATES, INC.**

ROUX ASSOCIATES, INC.
Environmental Consulting & Management

Compiled by: TS
Prepared by: JGO
Project Mgr: MMH
File No: 58903003

Date: 03/07/04
Scale: AS SHOWN
Office: NJ
Project: 58903J

FIGURE: **2**

APPENDIX A

ADMINISTRATIVE ORDER ON CONSENT



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

October 3, 2001

Via facsimile and regular mail

Karen Ballotta
Covington & Burling
1201 Pennsylvania Avenue, N.W.
Washington D.C. 20044-7566

SUBJ: Anniston PCB Site
Administrative Order on Consent

Dear Ms. Ballotta:

The United States Environmental Protection Agency (EPA) hereby notifies Solutia Inc. that EPA signed the enclosed Anniston PCB Site (Site) Administrative Order on Consent (Order), docket no. CER-04-2002-3752, on October 3, 2001. Solutia Inc. previously signed the Order on September 25, 2001. Under Section XXI of the AOC, the effective date of the AOC is two days after Solutia Inc. receives notification that the Order has been signed by EPA Region 4. Thus, the effective date of this Order will be two days after you receive this facsimile, or October 5, 2001. Pursuant to Section I of this Order, Order No. 01-02-C shall be withdrawn and terminated upon the effective date of this Order, or October 5, 2001.

Please call me at (404)562-9548 if you have any questions regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Dustin F. Minor".

Dustin F. Minor
Associate Regional Counsel

Enclosure (via regular mail only)

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 4

IN THE MATTER OF:
Anniston PCB Site
Anniston, Calhoun County, Alabama

Solutia Inc.

Respondent

ADMINISTRATIVE ORDER ON
CONSENT FOR REMOVAL ACTION

U.S. EPA Region 4
CERCLA
CER-04-2002-3752

Proceeding Under Sections 104, 106(a), 107
and 122 of the Comprehensive
Environmental Response, Compensation,
and Liability Act, as amended, 42 U.S.C.
§§ 9604, 9606(a), 9607 and 9622

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I. JURISDICTION AND GENERAL PROVISIONS

This Administrative Order on Consent ("Order") is entered into voluntarily by the United States Environmental Protection Agency ("EPA") and Solutia Inc. ("Respondent"). This Order provides for the performance of the removal action by Respondent and the reimbursement of AOC Oversight Costs incurred by the United States in connection with contamination located in and around Anniston, Calhoun County, Alabama, the "Anniston PCB Site" or the "Site." This Order requires Respondent to conduct the removal action described herein to abate what EPA believes to be an imminent and substantial endangerment to the public health, welfare or the environment that may be presented by the actual or threatened release of hazardous substances, pollutants, or contaminants at or from the Site.

EPA and Respondent entered into an Administrative Order on Consent (Order), docket no. 01-02-C, for a removal action regarding the Anniston PCB Site (Site) which was effective on October 27, 2000. Upon the effective date of this Order, Order no. 01-02-C shall be withdrawn and terminated.

This Order is issued pursuant to the authority vested in the President of the United States by Sections 104, 106(a), 107, and 122 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. §§ 9604, 9606(a), 9607, and 9622, as amended ("CERCLA"), and delegated to the Administrator of EPA by Executive Order No. 12580, January 23, 1987, 52 Federal Register 2923, and further delegated to the EPA Regional Administrators by EPA Delegation Nos. 14-14-A and 14-14-C and 14-14-D: Cost Recovery through the Director, Waste Management Division to the Chief, Emergency Response and Removal Branch by EPA Region IV Delegation No. 14-14-C.

EPA has notified the State of Alabama (the "State") of this action pursuant to Section 106(a) of CERCLA, 42 U.S.C. § 9606(a).

Respondent's participation in this Order shall not constitute or be construed as an admission of liability or of EPA's findings or determinations contained in this Order (including, but not limited to, findings relating to endangerment to the public health, welfare, or the environment) except in a proceeding to enforce the terms of this Order. Respondent agrees to comply with and be bound by the terms of this Order. Respondent further agrees that it will not contest the basis or validity of this Order or its terms.

EPA determined that it was necessary to enter into this Order to address the short term sampling and removal activities at the Site. Respondent agrees to pursue negotiations that will address additional issues concerning the Site.

II. PARTIES BOUND

This Order applies to and is binding upon EPA, and upon Respondent and Respondent's heirs, successors, and assigns. Any change in ownership or corporate status of Respondent including,

but not limited to, any transfer of assets or real or personal property shall not alter Respondent's responsibilities under this Order.

Respondent shall ensure that its contractors, subcontractors, and representatives receive a copy of this Order and comply with this Order. Respondent shall be responsible for any noncompliance with this Order.

III. DEFINITIONS

Unless otherwise expressly provided herein, terms used in this Order which are defined in CERCLA or in regulations promulgated under CERCLA shall have the meaning assigned to them in CERCLA or in such regulations. Whenever terms listed below are used in this Order or in the appendices attached hereto and incorporated hereunder, the following definitions shall apply:

"ADEM" shall mean the Alabama Department of Environmental Management and any successor departments or agencies of the State.

"AOC Oversight Costs" shall mean all costs, including, but not limited to, direct and indirect costs, that the United States incurs in reviewing or developing plans, reports and other items pursuant to this AOC, verifying the work, or otherwise implementing, overseeing, or enforcing this AOC; as well as, all costs, including, but not limited to, direct and indirect costs, that the United States incurred prior to the effective date of this Order in reviewing or developing plans, reports and other items pursuant to the October 27, 2000 AOC, or otherwise implementing, overseeing, or enforcing the October 27, 2000 AOC.

"CERCLA" shall mean the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. §§ 9601 *et seq.*

"Day" shall mean a calendar day unless expressly stated to be a working day. "Working day" shall mean a day other than a Saturday, Sunday, or Federal holiday. In computing any period of time under this Order, where the last day would fall on a Saturday, Sunday, or Federal holiday, the period shall run until the close of business of the next working day.

"Effective Date" shall be the effective date of this Order as provided in Section XXI (Effective Date).

"EPA" shall mean the United States Environmental Protection Agency and any successor departments or agencies of the United States.

"Interest" shall mean interest at the rate specified for interest on investments of the EPA Hazardous Substance Superfund established by 26 U.S.C. § 9507, compounded annually on October 1 of each year, in accordance with 42 U.S.C. § 9607(a). The applicable rate of interest shall be the rate in effect at the time the interest accrues. The rate of interest is subject to change on October 1 of each year.

"National Contingency Plan" or "NCP" shall mean the National Oil and Hazardous Substances Pollution Contingency Plan promulgated pursuant to Section 105 of CERCLA, 42 U.S.C. § 9605, codified at 40 C.F.R. Part 300, and any amendments thereto.

"October 27, 2000 AOC" shall mean the Administrative Order on Consent between EPA and Respondent with docket no. 01-02-C.

"Order" shall mean this Order and all appendices attached hereto. In the event of conflict between this Order and any appendix, this Order shall control.

"Parties" shall mean the United States and the Respondent.

"Quintard Mall Expansion Material" shall mean material that was excavated from property owned by Quintard Mall, Ltd. during the expansion of Quintard Mall, completed in late 2000, and sold, conveyed or otherwise transferred by Quintard Mall, Ltd. or its contractor or subcontractors for use as fill material at properties other than the Quintard Mall site.

"Respondent" shall mean Solutia Inc.

"RCRA" shall mean the Solid Waste Disposal Act, as amended, 42 U.S.C. §§ 6901 et seq. (also known as the Resource Conservation and Recovery Act).

"Section" shall mean a portion of this Order identified by a roman numeral, unless the Section precedes a numeric provision of a statute or regulation of the United States.

"Site" shall mean for the purposes of this Order, the Anniston PCB Site, which consists of residential, commercial, and public properties located in and around Anniston, Calhoun County, Alabama that contain or may contain hazardous substances, including polychlorinated biphenyl (PCB) impacted soil.

"State" shall mean the State of Alabama.

"United States" shall mean the United States of America.

"Waste Material" shall mean (1) any "hazardous substance" under Section 101(14) of CERCLA, 42 U.S.C. § 9601(14); (2) any pollutant or contaminant under Section 101(33), 42 U.S.C. § 9601(33); and (3) any "solid waste" under Section 1004(27) of RCRA, 42 U.S.C. § 6903(27).

IV. EPA's FINDINGS OF FACT

EPA's findings are set forth below. EPA's findings are made solely for purposes of this Order and for no other purposes.

- A. The Anniston PCB Site consists of residential, commercial, and public properties located in and around Anniston, Calhoun County, Alabama that contain or may contain hazardous substances, including polychlorinated biphenyl (PCB) impacted soil.
- B. Solutia Inc. is Respondent.
- C. Solutia Inc.'s Anniston plant encompasses approximately 70 acres of land and is located about 1 mile west of downtown Anniston, Alabama. The plant is bounded to the north by the Norfolk Southern and Erie railroads, to the east by Clydesdale Avenue, to the west by First Avenue, and to the south by U.S. Highway 202.
- D. In 1917, the Southern Manganese Corporation (SMC) opened the plant, which began producing ferro-manganese, ferro-silicon, ferro-phosphorous compounds, and phosphoric acid. In the late 1920s, the plant also started producing biphenyls. SMC became Swann Chemical Company (SCC) in 1930, and in 1935, SCC was purchased by Monsanto Company. From 1935 to 1997, Monsanto Company operated the plant. Respondent represents that PCBs were produced at the plant from 1929 until 1971. In 1997, Monsanto Company formed Solutia Inc. and transferred ownership over certain of its chemical divisions. Solutia Inc. currently produces para-nitrophenol and polyphenyl compounds at the Anniston plant.
- E. During its operational history, the plant disposed of hazardous and nonhazardous waste at two landfills, the west end landfill and the south landfill, which are located adjacent to the plant. The west end landfill encompasses six acres of land, located on the southwestern side of the plant. The west end landfill is built on native clay soil and was used for disposal of the plant's wastes from the mid-1930s until approximately 1960. Respondent represents that in 1960, the west end landfill was transferred to the Alabama Power Company, and Monsanto Company began disposing of wastes at the south landfill. The south landfill is located on the southeast portion of the plant across U.S. Highway 202 and is situated on the lower northeastern slope of Coldwater Mountain. Respondent represents that the south landfill consists of 10 individual cells, of which two cells were used for the disposal of hazardous wastes, as defined under RCRA, from the plant. These two cells have been closed pursuant to RCRA regulations. Disposal of wastes at the south landfill ceased in approximately 1988. In 1993, Alabama Power Company transferred the west end landfill to Monsanto Company and leased a small parcel of land to the north of the west end landfill for its utility lines.
- F. During the time that the west end landfill and the south landfill were used to dispose of wastes, there was a potential for PCBs to be released from the landfills via soils and sediments being transported in surface water leaving the facility. Solutia Inc. has undertaken extensive "Interim Measures" in order to eliminate the potential for such releases. In addition, during the time that PCBs were manufactured by Monsanto Company at its Anniston plant, an aqueous stream

flowing to a discharge point (currently identified as DSN0001) on Monsanto Company's Anniston plant site contained PCBs, and discharge from that discharge point flowed to a ditch, the waters of which flowed toward Snow Creek. Sampling by EPA, Solutia Inc., ADEM, and other parties has indicated that some sediments in drainage ditches leading away from the plant, Snow Creek, and Choccolocco Creek, as well as some sedimentary material in the floodplains of these waterways, contain varying levels of PCBs.

- G. Solutia Inc. has a RCRA permit for the facility, which is regulated by ADEM. Pursuant to its RCRA permit, Solutia Inc. has performed extensive "Interim Measures" on the west end landfill, the south landfill, and areas east and north of the plant during the mid to late 1990s to eliminate the potential for release of PCBs associated with soils and sediments. Solutia Inc. is also engaged in an extensive program under the RCRA permit to investigate and address PCBs in sediments and floodplain soils in the waterways leading away from the plant. EPA has provided oversight of the RCRA permit.
- H. EPA has been performing its own investigation in Anniston under CERCLA to evaluate any threat to public health, welfare, or the environment posed by PCBs in Anniston.
- I. The Agency for Toxic Substances and Disease Registry (ATSDR) Health Consultation related to PCBs in Anniston was released for public comment on February 14, 2000. The ATSDR Health Consultation addresses, among other things, whether PCBs in soil are a threat to the public health in Anniston. The ATSDR Health Consultation was careful to note that the exposure estimates may overestimate or underestimate health risks in Anniston because there is an inadequate description of sampling and analytical methods for some of the data. Subject to the reservations noted above, the ATSDR Health Consultation concluded that PCBs in soil in parts of Anniston present a public health hazard of cancerous and non-cancerous health effects for persons with prolonged exposure, and PCBs in residential soil may present a public health hazard for thyroid and neurodevelopmental effects after exposure durations of less than 1 year. The ATSDR Health Consultation also concluded that further sampling and evaluation are needed to fully assess the scope of contamination and exposure and that further investigation should be done to allow ATSDR to make more specific recommendations for protecting public health. Solutia Inc. commented extensively on the Health Consultation. To date, ATSDR has not responded to public comment and has not issued a final version of the document.
- J. EPA has (and will continue) to share its sampling results with ATSDR to assist ATSDR with any future health studies which ATSDR may conduct in Anniston.
- K. EPA has sampled the soil at hundreds of properties through multiple sampling phases in Anniston for PCBs since June of 1999. The results indicate that many of

the properties tested contain PCBs. For example, EPA sampled residents and businesses near the plant from June 28-30, 1999, for PCBs. The results from these samples indicated that some soils at residences and businesses in the vicinity of the plant contain PCBs. The level of PCBs detected during this June sampling event ranged from non-detect to 15.24 mg/kg. EPA also sampled residences, businesses, and creeks near the plant during February of 2000. The level of PCBs detected during this February sampling event ranged from non-detect to 317 mg/kg.

- L. Based on previous sampling activities conducted by EPA and other parties in Anniston, EPA has a reasonable basis to believe that the properties which will be sampled pursuant to this Order may contain PCBs.
- M. In June of 2000, EPA, with the assistance of ATSDR, established a five point composite sample value of 10 mg/kg of total PCBs as the removal trigger level for PCBs in residential properties in Anniston. For any property where a sample meets or exceeds the trigger level, EPA determined that action should be taken to disassociate the residents from the soil containing PCBs.
- N. EPA has identified nineteen (19) properties, that met or exceeded this removal trigger level. EPA anticipates that additional properties may be identified from prior sampling events, and that Respondent may identify additional properties pursuant to the sampling required pursuant to this Order.
- O. On August 31, 2000, EPA notified Respondent of its potential liability under CERCLA, demanded that Respondent reimburse EPA for its past and future costs at the Site, and requested that Respondent perform a removal action at the Site.

Respondent's participation in this Order shall not constitute or be construed as an admission of liability or of EPA's findings or determinations contained in this Order (including, but not limited to, findings relating to endangerment to the public health, welfare, or the environment) except in a proceeding to enforce the terms of this Order. Respondent denies that it is a source of any hazardous substances at the Site other than PCBs.

V. EPA's CONCLUSIONS OF LAW AND DETERMINATIONS

Based on the Findings of Fact set forth above, and the Administrative Record supporting this removal action, EPA has determined that:

1. The Anniston PCB Site is a "facility" as defined by Section 101(9) of CERCLA, 42 U.S.C. § 9601(9).
2. The contaminants found at the Site, as identified in the Findings of Fact above, include "hazardous substance(s)" as defined by Section 101(14) of CERCLA, 42 U.S.C. § 9601(14), including but not limited to PCBs.

3. Respondent is a "person" as defined by Section 101(21) of CERCLA, 42 U.S.C. § 9601(21).

4. Respondent may be liable under Section 107(a) of CERCLA, 42 U.S.C. § 9607(a).

a. Respondent Solutia Inc. is the "owner" and/or "operator" of the Site, as defined by Section 101(20) of CERCLA, 42 U.S.C. § 9601(20), and within the meaning of Section 107(a)(1) of CERCLA, 42 U.S.C. § 9607(a)(1).

b. Respondent Solutia Inc. was the "owner" and/or "operator" of the Site at the time of disposal of hazardous substances at the Site, as defined by Section 101(20) of CERCLA, 42 U.S.C. § 9601(20), and within the meaning of Section 107(a)(2) of CERCLA, 42 U.S.C. § 9607(a)(2).

5. The conditions described in the Findings of Fact above constitute an actual or threatened "release" of a hazardous substance from the Site as defined by Sections 101(22) of CERCLA, 42 U.S.C. § 9601(22).

6. The conditions present at the Site constitute an imminent and substantial endangerment to public health, welfare, or the environment. Factors that shall be considered in determining the appropriateness of a removal action are set forth in Section 300.415(b)(2) of the National Oil and Hazardous Substances Pollution Contingency Plan, as amended, 40 CFR Part 300 ("NCP").

7. The actual or threatened release of hazardous substances at or from the Site may present an imminent and substantial endangerment to the public health, welfare, or the environment within the meaning of Section 106(a) of CERCLA, 42 U.S.C. § 9606(a).

8. The removal action required by this Order is necessary to protect the public health, welfare, or the environment, and is not inconsistent with the NCP or CERCLA.

Respondent's participation in this Order shall not constitute or be construed as an admission of liability or of EPA's findings or determinations contained in this Order (including, but not limited to, findings relating to endangerment to the public health, welfare, or the environment) except in a proceeding to enforce the terms of this Order. Respondent denies that it is a source of any hazardous substances at the Site other than PCBs.

VI. ORDER

Based upon the foregoing Findings of Fact, Conclusions of Law and Determinations, and the Administrative Record for this Site, it is hereby ordered and agreed that Respondent shall comply with the following provisions, including but not limited to all attachments to this Order, and all documents incorporated by reference into this Order, and perform the following actions:

1. Designation of Contractor, Project Coordinator, and On-Scene Coordinator

Respondent has previously notified EPA of Respondent's qualifications to perform the removal action required by the October 27, 2000 AOC, and of the names and qualifications of Respondent's contractors. Those notifications are deemed submitted under this Order. Respondent shall also notify EPA of the name(s) and qualification(s) of any other contractor(s) or subcontractor(s) retained to perform the removal action under this Order at least ten (10) working days prior to commencement of such removal action. EPA retains the right to disapprove of any, or all, of the contractors and/or subcontractors retained by the Respondent, or of Respondent's choice of itself to do the removal action. If EPA disapproves of a selected contractor, Respondent shall retain a different contractor or notify EPA that it will perform the removal action itself within ten (10) working days following EPA's disapproval and shall notify EPA of that contractor's name and qualifications within fifteen (15) working days of EPA's disapproval.

The Project Coordinator previously designated by Respondent pursuant to the October 27, 2000 AOC shall be deemed designated under this Order. To the greatest extent possible, the Project Coordinator shall be present on Site or readily available during Site work. EPA retains the right to disapprove of any Project Coordinator named by Respondent. If EPA disapproves of a selected Project Coordinator, Respondent shall retain a different Project Coordinator and shall notify EPA of that person's name, address, telephone number, and qualifications within ten (10) working days following EPA's disapproval. Receipt by Respondent's Project Coordinator of any notice or communication from EPA relating to this Order shall constitute receipt by Respondent.

EPA has designated Steve Spurlin of the EPA, Region IV Emergency Response and Removal Branch as its On-Scene Coordinator ("OSC"). Respondent shall direct all submissions required by this Order to the OSC at the following address:

U.S. Environmental Protection Agency, Region 4
Steve Spurlin, On Scene Coordinator
Waste Management Division
Atlanta Federal Center
61 Forsyth Street, S.W.
Atlanta, GA 30303

EPA and Respondent shall have the right, subject to the immediately preceding paragraph, to change its/their designated OSC or Project Coordinator. Respondent shall notify EPA, ten (10) working days before such a change is made. The initial notification may be made orally but it shall be promptly followed by a written notice.

2.0 Work To Be Performed

The overall purposes of the time critical removal action required by this Order are to determine the extent of PCBs, lead, and other hazardous substances as provided in this Order in Zones 1, 2, 3, 6 and "F" identified pursuant to Figure 1 of this Order, and the Oxford Lake Neighborhood ("OLN") Zone identified in Figure 2 of this Order, and to conduct appropriate removal activities

needed to reduce the short-term threat to human health, welfare, or the environment posed by PCBs within Zones 1, 2, 3, 6 "F," and "OLN." Respondent shall perform, at a minimum, the following removal activities:

- a. Conduct composite surface soil sampling as directed by EPA, at residential properties in Zones 1, 2, 3, 6, "F," and "OLN" that have not been sampled by EPA for PCBs. In addition, conduct composite surface soil sampling, as directed by EPA, for residential properties or portions of residential properties in Zones 1, 2, 3, 6, "F," and "OLN" that were previously sampled by EPA but which have field screen data only. As stated in the October 27, 2000 AOC, highest priority for work completed prior to the effective date of this Order has been given to Zone 3, followed by Zones 2, 1, "F," and 6. After the effective date of this Order, Respondent shall, to the maximum extent practicable and taking into account work already completed under the October 27, 2000 AOC, prioritize Zone "OLN" between Zones 3 and 2. Sampling efforts in each zone shall be prioritized in a manner such that initial efforts will focus on areas associated with drainage pathways. Should the sampling data indicate that PCB impacts in an area do not warrant further short-term analysis, the OSC will have the authority to direct sampling efforts in that area to be stopped. If the OSC directs sampling to be stopped in any of the Zones described above, the OSC will retain authority to require Respondent to re-initiate sampling in these Zones if the OSC determines that it is appropriate.
- b. Conduct a removal response at the nineteen (19) properties identified in Exhibit D for which composite sampling results indicate the presence of PCBs in surface soils at a concentration of 10 mg/kg or greater. Based on the composite sampling results, the frontyard, backyard, or both shall be subject to a removal action.
- c. Conduct a removal response at properties having composite sample PCB levels in surface soils at 10 mg/kg or greater which are identified by EPA after sample collection and data review is completed for EPA's current and previous sampling events. Based on the composite sampling results, the frontyard, backyard, or both shall be subject to a removal action.
- d. Conduct a removal response at properties having composite sample PCB levels in surface soils at 10 mg/kg or greater which are identified during sampling conducted by Respondent pursuant to this Order, or were identified during sampling conducted by Respondent pursuant to the October 27, 2000 AOC. Based on the composite sampling results, the frontyard, backyard, or both shall be subject to a removal action.
- e. Respondent's removal response options shall include, but are not limited to, removal, engineered controls, or a combination thereof, of soils, sediments,

or debris. Respondent shall submit for approval the proposed removal response for each property within the timeframe specified in the Removal Work Plan referred to in paragraph 2.1(a). EPA shall make the final determination regarding the appropriate removal response for each property.

- f. For those residential properties identified pursuant to this Order having composite sample PCB levels in surface soils at 10 mg/kg or greater, and where removal of soil is the selected removal response, the removal action shall meet EPA's Clean-up Goal. EPA's Clean-up Goal shall require the removal of the top three (3) inches of soil from the impacted area as identified in paragraphs 2.0(b), (c), and (d). Respondent shall then conduct additional composite sampling and removal of soils in these areas (except as noted in paragraph 2.0(i) below) until remaining soils within the next nine (9) inches of soil (twelve (12) inches below original grade) have PCB levels below two (2) mg/kg. Soils in these areas below a depth of twelve (12) inches shall be removed until the PCB concentration based on composite sampling is below 10 mg/kg.

EPA chose 2 mg/kg as the PCB surface soil Clean-up Goal for this removal action because 2 mg/kg is protective of the public health, welfare, and the environment for the short term. However, EPA's selection of 2 mg/kg as the PCB Clean-up Goal for this removal action will in no way affect EPA's selection of the final long-term protective clean up level for the Site. EPA has not yet determined what the long term clean up level for the Site will be. If EPA selects a long term clean up level lower than 2 mg/kg, it may be necessary to reassess whether the response actions performed on properties pursuant to this Order are sufficient.

- g. During the removal response action for a property, and when directed by the OSC, Respondent shall offer temporary relocation for all residents living at the property and any residents living on property whose property line touches a property at which a removal response is being conducted. In addition, Respondent shall provide for temporary relocation of any other residents living in the vicinity of the property at which a removal response is being conducted if EPA determines it is necessary for health and safety reasons. Any temporary relocations conducted pursuant to this Order must, at a minimum, meet the requirements of the Uniform Relocation Act (URA), 42 U.S.C. § 4601 et. seq.
- h. Unless otherwise specified, constituents to be included for sampling of residential properties under this Order include PCBs and lead.

EPA is currently investigating the potential sources of lead at the Site. EPA has not yet determined whether Respondent is a source of lead contamination at the Site. By agreeing to sample residential properties for

lead pursuant to this Order. Respondent does not acknowledge or admit, and in fact denies, that Respondent is a source of lead at the Site.

- i. For those properties having composite sample PCB levels at 10 mg/kg or higher in surface soils, identified by EPA or Respondent. Respondent shall make an exposure evaluation of the areas under any structures (i.e. crawl space, storage area, unfinished basement, etc.). The evaluation shall identify such areas and assess the potential exposure such areas pose to individuals who may use or live at each property. Respondent shall sample any such area if EPA determines that it poses a potential direct contact threat. A determination regarding the need for a removal response for these areas will be made by EPA on a case-by-case basis.
- j. Conduct a removal response action on the portion of 11th Street ditch identified in Figure 1.
- k. Sample the portion of the creek near West 9th Street and Eulaton Street identified in Figure 1. Constituents to be sampled will include at a minimum PCBs and priority pollutant metals listed in 40 CFR Part 423 Appendix "A".
- l. To ensure that properties subject to a removal response action pursuant to this Order are not recontaminated with PCBs at a level of 10 mg/kg or higher, Respondent shall conduct monitoring and sampling, as necessary, of such properties until EPA determines that all source areas which may cause recontamination have been addressed sufficiently.¹ At a minimum, Respondent shall monitor all such properties after episodic flood conditions. Any such properties impacted by potentially contaminated flood waters shall be resampled to ensure that previously addressed areas are not being recontaminated. Respondent shall conduct an additional removal response action at any area that is recontaminated at or above 10 mg/kg in surface soils pursuant to the terms and conditions set forth in this Order.
- m. Respondent shall conduct dust sampling in all homes with PCB levels at or above 10 mg/kg at which a removal response action is undertaken pursuant to this Order. Sampling shall be completed prior to the residents re-entry into their residence if temporary relocation was required pursuant to paragraph 2.0 (g). Respondent shall clean up the inside of these homes if the dust sampling results are equal to or greater than 2 mg/kg. In addition,

¹ This Order does not address the source areas which may potentially recontaminate properties subject to a removal response action pursuant to this Order. EPA and Respondent are currently involved in negotiations to address the long term threat posed by the Site.

Respondent shall have the option to clean up the inside of the home before receiving the dust sampling results.

- n. Respondent shall continue to provide EPA with office space for the On-Scene Coordinators. The space shall be sufficient in size to provide for the following: 1) working space for two OSC's, 2) a centralized conference or meeting area sufficient for small technical meetings, and 3) a working space for EPA's oversight support contractors with adequate counter and shelving areas to allow for sample handling and field equipment storage.
- o. Respondent shall submit for approval an Acquired Property Workplan (APW) pursuant to paragraph 2.1(i) within thirty (45) days from the effective date of this Order.
- p. All soils excavated from the Oxford Lake Softball Complex Fields A, C, and D (Figure 3) with PCB concentrations below 50 ppm shall be stockpiled and secured in an area adjacent to the fields and shall be maintained in accordance with the January 2001 Best Management Practices Plan Oxford Lake Softball Complex submitted to EPA by letter dated March 7, 2001.
- q. Respondent shall cap stockpiled soils under an asphalt parking lot or other suitable cap approved by EPA in an area adjacent to the softball fields within one year from the effective date of this Order. If EPA, after consultation with the City of Oxford, determines that the proposed cap is not acceptable prior to the approval of the Oxford Ballfield Removal Action Work Plan (OBRAWP) referenced in paragraph 2.1(j), or if Respondent fails to complete the cap within one year from the effective date of this Order, then Respondent shall remove the stockpiled material and dispose of it at an EPA approved facility.
- r. As provided in paragraph 2.1(m), Respondent shall notify EPA of any additional properties that Respondent identifies, or has identified, which may have received Quintard Mall Expansion Material.
- s. Conduct sampling for properties that may have received Quintard Mall Expansion Material that are identified after the effective date of this Order by Respondent (pursuant to paragraph 2.0(r)), or by EPA. The OSC shall determine whether the sampling shall be conducted consistent with the EPA approved SAP required pursuant to paragraph 2.1(f), or in the manner provided for in the February 9, 2001 Quintard Mall Expansion Off-Site Soil Characterization Report previously submitted to EPA.
- t. For those properties identified after the effective date of this Order, as having received Quintard Mall Expansion Material, that have composite sample PCB levels in surface soils at 10 mg/kg or greater, Respondent shall

conduct a removal response pursuant to the Removal Work Plan discussed in paragraph 2.1(m). For those properties that may have received Quintard Mall Expansion Material and that were subject to a response action initiated by Respondent prior to the effective date of this Order, EPA may require Respondent to conduct an additional removal response action if EPA composite surface soil sampling indicates that any of these properties have composite sample PCB levels in surface soils at 10 mg/kg or greater.

2.1 Work Plan and Implementation

As part of the Work Plans described below, the Respondent must submit a schedule for the above required activities which shall include specific initiation and completion dates. As stated in the October 27, 2000 AOC, highest priority for work completed prior to the effective date of this Order was given to Zone 3, followed by Zones 2, 1, "F," and 6. After the effective date of this Order, to the maximum extent practicable and taking into account sampling events already completed under the October 27, 2000 AOC, Respondent shall prioritize sampling events in the following order: Zone 3 followed by Zones "OLN," 2, 1, "F," and 6. Within the time frame noted below, Respondent shall submit to EPA for approval Work Plans for performing the removal response actions set forth above. The Work Plans shall provide a description of, and an expeditious schedule for, the actions required by this Order.

EPA may approve, disapprove, require revisions to, or modify the Work Plans. If EPA requires revisions to any of the Work Plans, Respondent shall submit a revised Work Plan within (15) working days of receipt of EPA's notification of the required revisions. Respondent shall implement each Work Plan as finally approved in writing by EPA in accordance with the schedule approved by EPA. Once approved, or approved with modifications, each Work Plan, schedule, and any subsequent modifications shall be fully enforceable under this Order. Respondent shall notify EPA at least 48 hours prior to performing any on-Site work pursuant to each EPA-approved Work Plan. Respondent shall not commence or undertake any removal activities on-Site without prior EPA approval.

Respondent shall attempt to obtain access to all properties for which access is needed to perform the response actions required by this Order according to the procedures set forth in Section VI(3), and within the timeframes noted in this Order, the Access Schedule referred to in paragraph 2.1(g), or the Work Plans approved pursuant to this Order. If Respondent is denied access (after attempting to obtain access in the manner described in Section VI(3)) to any properties for which access is necessary pursuant to this Order, then all schedules in this Order and the Work Plans approved pursuant to this Order, which require access in order to comply with such schedules, shall be extended (with respect to the properties for which access is denied only) until ten (10) days after Respondent or EPA (on behalf of Respondent) obtains access to any such properties. However, any such schedule extension(s) shall not apply with respect to properties for which Respondent obtains access within the timeframes specified in this Order or the Work Plans approved pursuant to this Order.

- a. The Removal Work Plan previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the Removal Work Plan are necessary to satisfy the terms of this Order, Respondent shall submit an addendum within thirty (30) days from the effective date of this Order.
- b. It is anticipated that the approach approved by EPA for the properties identified in paragraph 2.0(b) will serve as the template for the removal response action at similar properties identified by Respondent pursuant to this Order. Respondent shall submit to EPA for approval within thirty (30) days of Respondent's receipt of data having composite sample PCB levels at 10 mg/kg or greater in surface soils, an addendum to the original Removal Work Plan and to the original Health & Safety Plan. This addendum will address properties identified pursuant to paragraphs 2.0(c) and (d) above. The addendum shall include a schedule, as well as details of any modifications to the original Removal Work Plan and the original Health and Safety Plan specific to the newly identified properties.
- c. The Indoor Sampling Plan for dust sampling of properties that require a removal response action because they have a composite PCB level equal to or greater than 10 mg/kg in surface soils that was previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the Indoor Sampling Plan are necessary to satisfy the terms of this Order, Respondent shall submit such an addendum within thirty (30) days from the effective date of this Order.
- d. The 11th Street Ditch sampling plan previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the 11th Street Ditch sampling plan are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the 11th Street Ditch sampling plan within thirty (30) days from the effective date of this Order. Prior to the effective date of this Order, Respondent mobilized to the Site to initiate the removal response actions required by paragraph 2.0(b) above and shall remain mobilized pursuant to this Order. Also, prior to the effective date of this Order, Respondent completed the sampling required by the 11th Street Ditch sampling plan, and received the laboratory data (as provided in paragraph 2.1(h)).

The 11th Street Ditch Removal Response Action Work Plan previously submitted by Respondent pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. Within fourteen (14) days of EPA's approval of the 11th Street Ditch Removal Response Action Work Plan, Respondent shall submit a schedule to EPA for approval detailing those activities required to complete the response actions approved in the 11th Street Ditch Removal Response Action Work Plan and the time required to complete each activity. The Work Plan shall require a removal response action in the identified areas which shall prevent the potential for direct

contact with soils and sediments with a PCB concentration of 10 mg/kg or higher, and shall prevent the release of soils and sediments with a PCB concentration exceeding 1 mg/kg.

- e. The West 9th Street and Eulaton Creek sampling plan previously submitted by Respondent and approved pursuant to the October 27, 2000 Order AOC shall be deemed submitted and approved under this Order. If any changes or additions to the West 9th Street and Eulaton Creek sampling plan are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the West 9th Street and Eulaton Creek sampling plan within thirty (30) days from the effective date of this Order.
- f. The Sampling and Analysis Plan (SAP) previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the SAP are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the SAP within thirty (30) days from the effective date of this Order.
- g. The Access Schedule previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. If any changes or additions to the Access Schedule are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the Access Schedule within thirty (30) days from the effective date of this Order. Within thirty (30) days of obtaining EPA's approval of the SAP and obtaining access to at least one property, Respondent shall mobilize to initiate the required sampling for the applicable sampling event.
- h. The Data Management Work Plan (DMWP) previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. If any changes or additions to the DMWP are necessary to satisfy the terms of this Order, Respondent shall submit an addendum to the DMWP within thirty (30) days from the effective date of this Order.
- i. The APW referenced in paragraph 2.0(o) shall set forth the proposed removal response for acquired properties, a description of how Respondent proposes to deal with tenants at acquired properties, and a schedule for addressing acquired properties.
- j. The Oxford Ballfield Removal Action Work Plan (OBRAWP) previously submitted by Respondent to EPA for approval shall be deemed submitted under this Order. The OBRAWP provides a description of the proposed removal response required in paragraph 2.0(q) above, including design drawings, a Best Management Practices Plan for erosion control during construction, a Health and Safety Plan, a long term operations and maintenance plan, and a schedule for implementation. The OBRAWP also includes a description of how material will be sampled,

removed, and disposed of offsite at an EPA approved facility if either of the following occur: 1) the proposed cap is not completed within one year from the effective date of this Order, or 2) EPA, after consultation with the City of Oxford, determines that capping is inappropriate prior to EPA's approval of the OBRAWP.

- k. Prior to the effective date of this Order, Respondent mobilized to the Site to initiate the removal response actions required by paragraph 2.0(q) above and shall remain mobilized pursuant to this Order.
- l. Within ninety (90) days of completion of the work defined in the OBRAWP, Respondent shall submit a completion report to EPA that will include a description of the work completed and as-built drawings of the work completed.
- m. Respondent shall submit for approval a Quintard Mall Off-Site Soil Removal Work Plan (QMOSRWP) within thirty (30) days of the following: a) receipt of validated data indicating that a property that may have received Quintard Mall Expansion Material contains PCB levels in surface soils at a concentration of 10 mg/kg or greater, or b) receipt of notice from EPA regarding a property that may have received Quintard Mall Expansion Material, which was subject to a removal response action initiated by Respondent prior to the effective date of this Order, upon which EPA requires an additional removal response action pursuant to paragraph 2.0(t) above. The QMOSRWP shall include a description of the proposed removal procedures for PCB impacted soil, and a schedule for the above required activities which shall include specific initiation and completion dates.

2.2 Health and Safety Plan

With the submission of each Work Plan, Respondent shall submit for EPA review and comment a plan that ensures the protection of the public health and safety during performance of work under this Order. Each plan shall be prepared in accordance with EPA's current Standard Operating Safety Guide, dated November 1984, and currently updated July 1988. In addition, each plan shall comply with all current applicable Occupational Safety and Health Administration (OSHA) regulations found at 29 CFR Part 1910. Health and safety plans previously submitted and approved pursuant to the October 27, 2000 AOC shall be deemed submitted and approved under this Order. Respondent shall submit a health and safety plan with the submission of any additional Work Plans required by this Order. Respondent shall incorporate all changes to the plan(s) recommended by EPA, and implement the plan(s) during the pendency of the removal action.

2.3 Quality Assurance and Sampling

All sampling and analyses performed pursuant to this Order shall conform to EPA direction, approval, and guidance regarding sampling, quality assurance/quality control (QA/QC), data validation, and chain of custody procedures. Respondent shall ensure that the laboratory used to perform the analyses participates in a QA/QC program that complies with the appropriate EPA guidance. Respondent shall follow the following documents, as appropriate, as guidance for

QA/QC and sampling: "Quality Assurance/Quality Control Guidance for Removal Activities: Sampling QA/QC Plan and Data Validation Procedures," OSWER Directive Number 9360.4-01; dated January 1990; "Compendium of ERT Procedures," OSWER Directives Numbered 9360.4-04 through 9360.4-08.

The Quality Assurance Plan (QAPP) for conducting the sampling required pursuant to this Order previously submitted by Respondent and approved pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. The QAPP must be in accordance with EPA Guidance for QAPPS, EPA QA/G-5.

Upon request by EPA, Respondent shall have such a laboratory analyze samples submitted by EPA for quality-assurance monitoring. Respondent shall provide to EPA the quality assurance/quality control procedures followed by all sampling teams and laboratories performing data collection and/or analysis.

Upon request by EPA, Respondent shall allow EPA or its authorized representatives to take split and/or duplicate samples of any samples collected by Respondent while performing work under this Order. Respondent shall notify EPA not less than thirty (30) days in advance of any sample collection activity, unless the OSC agrees in writing to a shorter timeframe with regard to a specific sampling event. EPA shall have the right to take any additional samples that it deems necessary.

2.4 Post-Removal Site Control

In accordance with the Work Plan schedule, or as otherwise directed by EPA, Respondent shall submit a proposal for post-removal Site control consistent with Section 300.415(k) of the NCP and OSWER Directive 9360.2-02. Upon EPA approval, Respondent shall implement such controls and shall provide EPA with documentation of all post-removal Site control arrangements.

2.5 Reporting

Respondent shall submit a written progress report to EPA concerning actions undertaken pursuant to this Order on the eighth (8th) day of each month after the effective date of this Order until termination of this Order, unless otherwise directed by the OSC in writing. These reports shall describe all significant developments during the preceding period, including the actions performed and any problems encountered, analytical data received during the reporting period, and the developments anticipated during the next reporting period, including a schedule of actions to be performed, anticipated problems, and planned resolutions of past or anticipated problems.

If Respondent owns any portion of the Site, at least thirty (30) days prior to the conveyance of any interest in real property at the Site, Respondent shall give written notice that the property is subject to this Order to the transferee and written notice to EPA of the proposed conveyance, including the name and address of the transferee. Respondent agrees to require that its successor comply with the immediately preceding sentence and Section VI(3) - Access to Property and Information.

2.6 Final Report

Within ninety (90) days after completion of all removal response actions required under this Order, the Respondent shall submit for EPA review and approval a final report summarizing the actions taken to comply with this Order. The final report shall conform with the requirements set forth in Section 300.165 of the NCP entitled "OSC Reports" and OSWER Directive No. 9360.3-03 - "Removal Response Reporting." The final report shall include a good faith estimate of total costs or a statement of actual costs incurred in complying with the Order, a listing of quantities and types of materials removed off-Site or handled on-Site, a discussion of removal and disposal options considered for those materials, a listing of the ultimate destination of those materials, a presentation of the analytical results of all sampling and analyses performed, and accompanying appendices containing all relevant documentation generated during the removal action (e.g., manifests, invoices, bills, contracts, and permits). The final report shall also include the following certification signed by a person who supervised or directed the preparation of that report:

Under penalty of law, I certify that to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of the report, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

3. Access to Property and Information

Respondent shall attempt to obtain access to the Site and off-Site areas to which access is necessary to implement this Order, and shall provide access to all records and documentation related to the conditions at the Site and the actions conducted pursuant to this Order. Such access shall be provided to EPA employees, contractors, agents, consultants, designees, representatives, and ADEM representatives. Such access provided and/or obtained by Respondent shall permit these individuals to move freely in order to conduct actions which EPA determines to be necessary. Respondent shall submit to EPA, upon receipt, the results of all sampling or tests and all other data generated by Respondent or its contractor(s), or on the Respondent's behalf during implementation of this Order.

- a. For all properties (other than Oxford Lake Park) where a response action under this Order is to be performed in areas owned by or in possession of someone other than Respondent, Respondent shall send (within the timeframes specified in this Order, the AS, or the Work Plans approved pursuant to this Order) the applicable correspondence (as provided below) to all resident(s), owner(s), and/or non-resident owner(s) from whom access is needed to perform a response action pursuant to this Order. The correspondence and agreement attached to this Order as Exhibit A shall be sent to all resident(s), owner(s), and/or non-resident owner(s) whose property Respondent is required to sample (in order to determine if further action is necessary) pursuant to this Order. The correspondence and agreement attached to this Order as Exhibit B shall be sent to all resident(s), owner(s), and/or non-resident owner(s) whose property's composite sampling results indicate the presence of PCBs in surface soils at a concentration of 10 mg/kg or greater, and whose property

Respondent needs access to in order to perform a removal response action pursuant this Order.

Respondent shall attempt to identify all resident(s), owner(s), and/or non-resident owner(s) from whom Respondent should obtain access in order to perform any actions required pursuant to this Order by using, at a minimum, the Calhoun County's official records.

Respondent shall send all of the correspondence requesting access pursuant to this Order via certified mail, return receipt requested. If Respondent does not receive the necessary access agreements within thirty (30) days from the date that the resident(s), owner(s), and/or non-resident owner(s) received it. Respondent shall notify EPA in writing, within ten (10) days from the date that the applicable access agreement was due, that Respondent was unable to obtain access from any such party. If the resident(s), owner(s), and/or non-resident owner(s) fail to sign for the certified correspondence within thirty (30) days from the date the correspondence was mailed by Respondent, Respondent shall notify EPA, within thirty-five (35) days from the date the correspondence was originally mailed by Respondent, that Respondent was unable to obtain access from any such party. For any party from whom Respondent was unable to obtain access, Respondent shall maintain a copy of all correspondences, county records, and any other evidence or information Respondent has regarding the resident(s), owner(s), and/or non-resident owner(s) from whom Respondent was unable to obtain access, and provide it to EPA upon request. Respondent shall provide to EPA within 14 days of each denial of access, an "EPA Notification of Noncompliance (Sampling)" which contains all of the information in the model "EPA Notification of Noncompliance (Sampling)" in Exhibit C. EPA may then assist Respondent in gaining access, to the extent necessary to effectuate the response actions described herein, using such means as EPA deems appropriate. Respondent shall reimburse EPA for all costs and attorneys' fees incurred by the United States in obtaining such access. EPA acknowledges that if Respondent has attempted to obtain access to properties subject to this Order in the manner described above, and is unable to do so, then Respondent will not be liable for stipulated penalties for failure to meet any schedules in this Order or the Work Plans approved pursuant to this Order with respect to properties for which is access is denied. To the extent that any resident(s), owner(s), and/or non-resident owner(s) is adverse to Solutia Inc. in a legal proceeding and is represented by counsel, Respondent may send the appropriate correspondence and agreement discussed in Section VI(3) to any such person's counsel only.

- b. For Oxford Lake Park, Respondent shall use its best efforts to obtain all necessary access agreements within fifteen (15) days after the effective date of this Order, or as otherwise specified in writing by the OSC. Respondent shall immediately notify EPA if after using its best efforts it is unable to obtain such agreements. Respondent shall describe in writing its efforts to obtain access. EPA may then assist Respondent in gaining access, to the extent necessary to effectuate the response actions for Oxford Lake Park described herein, using such means as EPA deems appropriate. Respondent shall reimburse EPA for all costs and attorneys' fees incurred by the United States in obtaining such access.

4. Record Retention, Documentation, Availability of Information

Respondent shall preserve all documents and information relating to work performed under this Order, or relating to the hazardous substances found on or released from the Site, for ten years following completion of the removal response actions required by this Order. At the end of this ten year-period and thirty (30) days before any document or information is destroyed, Respondent shall notify EPA that such documents and information are available to EPA for inspection, and upon request, shall provide the originals or copies of such documents and information to EPA. In addition, Respondent shall provide documents and information retained under this Section at any time before expiration of the ten year- period at the written request of EPA.

Respondent may assert a business confidentiality claim pursuant to 40 CFR § 2.203(b) with respect to part or all of any information submitted to EPA pursuant to this Order, provided such claim is allowed by Section 104(e)(7) of CERCLA, 42 U.S.C. § 9604(e)(7). Analytical and other data specified in Section 104(e)(7)(F) of CERCLA shall not be claimed as confidential by the Respondent. EPA shall disclose information covered by a business confidentiality claim only to the extent permitted by, and by means of the procedures set forth at, 40 CFR Part 2, Subpart B. If no such claim accompanies the information when it is received by EPA, EPA may make it available to the public without further notice to Respondent.

Respondent shall maintain a running log of privileged documents on a document-by-document basis, containing the date, author(s), addressee(s), subject, the privilege or grounds claimed (e.g., attorney work product, attorney-client), and the factual basis for assertion of the privilege. Respondent shall keep the "privilege log" on file and available for inspection. EPA may at any time challenge claims of privilege.

5. Off-Site Shipments

All hazardous substances, pollutants, or contaminants removed off-Site pursuant to this Order for treatment, storage, or disposal shall be treated, stored, or disposed of at a facility in compliance, as determined by EPA, pursuant to Section 121(d)(3) of CERCLA, 42 U.S.C. § 9621(d)(3), and the off-site rule at 40 CFR 300.440. EPA will provide information on the acceptability of a facility under Section 121(d)(3) of CERCLA and 40 CFR 300.440.

It is understood that, pursuant to this provision and the statutes and regulations cited herein, material containing PCBs at levels less than 50 mg/kg may be disposed of at a facility permitted for the disposal of non-hazardous wastes under Subtitle D of RCRA or appropriate State law, provided that such material does not contain elevated levels of other hazardous substances that would prohibit it from being disposed of at a non-hazardous waste facility.

6. Compliance With Other Laws

Respondent shall perform all actions required pursuant to this Order in accordance with all applicable local, state, and federal laws and regulations except as provided in CERCLA Section

121(e) and 40 CFR Section 300.415(i). In accordance with 40 CFR Section 300.415(i), all on-Site actions required pursuant to this Order shall, as determined by EPA, attain applicable or relevant and appropriate requirements ("ARARs") under federal environmental or state environmental or facility siting laws. (See "The Superfund Removal Procedures: Guidance on the Consideration of ARARs During Removal Actions," OSWER Directive No. 9360.3-02, August 1991). Respondent shall identify ARARs in the Work Plan subject to EPA approval.

7. Emergency Response and Notification of Releases

If any incident, or change in Site conditions, during the actions conducted pursuant to this Order causes or threatens to cause an additional release of hazardous substances from the Site or an endangerment to the public health, welfare, or the environment, Respondent shall immediately take all appropriate action. Respondent shall take these actions in accordance with all applicable provisions of this Order, including, but not limited to the Health and Safety Plan, in order to prevent, abate or minimize such release or endangerment caused or threatened by the release. Respondent shall also immediately notify the OSC at (404)562-8743 or, in the event of his/her unavailability, shall notify the EPA Hotline at (800)424-8802 of the incident or Site conditions. If Respondent fails to respond, EPA may respond to the release or endangerment and reserve the right to pursue cost recovery.

In addition, in the event of any release of a hazardous substance from the Site, Respondent shall immediately notify EPA's OSC and the National Response Center at telephone number (800) 424-8802. Respondent shall submit a written report to EPA within seven (7) days after each release, setting forth the events that occurred and the measures taken or to be taken to mitigate any release or endangerment caused or threatened by the release and to prevent the reoccurrence of such a release. This reporting requirement is in addition to, not in lieu of, reporting under CERCLA Section 103(c) and Section 304 of the Emergency Planning and Community Right-To-Know Act of 1986, 42 U.S.C. §§ 11001 et seq.

VII. AUTHORITY OF THE EPA ON-SCENE COORDINATOR

The OSC shall be responsible for overseeing the Respondent's implementation of this Order. The OSC shall have the authority vested in an OSC by the NCP, including the authority to halt, conduct, or direct any work required by this Order, or to direct any other removal action undertaken at the Site. Absence of the OSC from the Site shall not be cause for stoppage of work unless specifically directed by the OSC.

VIII. REIMBURSEMENT OF COSTS

Respondent shall reimburse EPA for all AOC Oversight Costs, which were incurred in a manner not inconsistent with the NCP, incurred by the United States.

On a periodic basis, EPA shall submit to Respondent a bill for AOC Oversight Costs that includes a SCORPIOS report (or if Region 4 is no longer using SCORPIOS, the type of cost summary report Region 4 is using at the time of the bill). Respondent shall, within thirty (30) days of receipt of the bill, remit a cashier's or certified check for the amount of the bill made payable to the "Hazardous Substance Superfund," to the following address:

United States Environmental Protection Agency
Region IV
Superfund Accounting
P.O. Box 100142
Atlanta, Georgia 30384
Attn: Collection Officer in Superfund

Respondent shall simultaneously transmit a copy of the check to Ms. Paula V. Batchelor at:

U.S. Environmental Protection Agency
CERCLA Program Services Branch
Waste Management Division
61 Forsyth Street S.W.
Atlanta, GA 30303

Payments shall be designated as "AOC Oversight Costs - Anniston PCB Site" and shall reference the payor's name and address, the EPA site identification number 04-S9, and the docket number of this Order.

In the event that the payments for AOC Oversight Costs are not made within thirty (30) days of the Respondent's receipt of the bill, Respondent shall pay interest on the unpaid balance. Interest is established at the rate specified in Section 107(a) of CERCLA. The interest for Respondent's failure to make timely payments on AOC Oversight Costs shall begin to accrue on the date of the Respondent's receipt of the bill. Interest shall accrue at the rate specified through the date of the payment. Payments of interest made under this paragraph shall be in addition to such other remedies or sanctions available to the United States by virtue of Respondent's failure to make timely payments under this Section.

Respondent may dispute all or part of a bill for AOC Oversight Costs submitted under this Order, if Respondent alleges that EPA has made an accounting error, or if Respondent alleges that a cost item is inconsistent with the NCP, or that a cost is not appropriate for reimbursement under the terms of this Order.

If any dispute over costs is resolved before payment is due, the amount due will be adjusted as necessary. If the dispute is not resolved before payment is due, Respondent shall pay the full amount of the uncontested costs into the Hazardous Substance Fund as specified above on or before the due date. Within the same time period, Respondent shall pay the full amount of the contested costs into an interest-bearing escrow account. Respondent shall simultaneously transmit a copy of both checks to the OSC. Respondent shall ensure that the prevailing party or parties in

the dispute shall receive the amount upon which they prevailed from the escrow funds plus interest within ten (10) days after the dispute is resolved.

IX. DISPUTE RESOLUTION

The parties to this Order shall attempt to resolve, expeditiously and informally, any disagreements concerning this Order.

If the Respondent objects to any EPA action taken pursuant to this Order, including billings for AOC Oversight Costs, the Respondent shall notify EPA in writing of its objection(s) within thirty (30) days of receipt of notice of such action, unless the objection(s) has/have been informally resolved.

EPA and Respondent shall within thirty (30) days from EPA's receipt of the Respondent's written objections attempt to resolve the dispute through formal negotiations (Negotiation Period). The Negotiation Period may be extended at the sole discretion of EPA. EPA's decision regarding an extension of the Negotiation Period shall not constitute an EPA action subject to dispute resolution or a final agency action giving rise to judicial review.

Any agreement reached by the parties pursuant to this Section shall be in writing, signed by both parties, and shall upon the signature by both parties be incorporated into and become an enforceable element of this Order. If the parties are unable to reach an agreement within the Negotiation Period, an EPA management official at the Director, Waste Management Division level or higher will issue a written decision on the dispute to the Respondent. The decision of EPA shall be incorporated into and become an enforceable element of this Order upon Respondent's receipt of the EPA decision regarding the dispute. Respondent's obligations under this Order shall not be tolled by submission of any objection for dispute resolution under this Section.

Following resolution of the dispute, as provided by this Section, Respondent's shall fulfill the requirement that was the subject of the dispute in accordance with the agreement reached or with EPA's decision, whichever occurs. No EPA decision made pursuant to this Section shall constitute a final agency action giving rise to judicial review prior to a judicial action brought by the United States to enforce the decision.

X. FORCE MAJEURE

Respondent agrees to perform all requirements under this Order within the time limits established under this Order, unless the performance is delayed by a force majeure. For purposes of this Order, a force majeure is defined as any event arising from causes beyond the control of Respondent or of any entity controlled by Respondent, including but not limited to its contractors and subcontractors, that delays or prevents performance of any obligation under this Order despite

Respondent's best efforts to fulfill the obligation. Force majeure does not include financial inability to complete the work or increased cost of performance.

Respondent shall notify EPA orally within forty-eight (48) hours after the event, and in writing within seven (7) days after Respondent becomes or should have become aware of events, which constitute a force majeure. Such notice shall: identify the event causing the delay or anticipated delay; estimate the anticipated length of delay, including necessary demobilization and re-mobilization; state the measures taken or to be taken to minimize the delay; and estimate the timetable for implementation of the measures. Respondent shall take all reasonable measures to avoid and minimize the delay. Failure to comply with the notice provision of this Section shall waive any claim of force majeure by the Respondent.

If EPA determines a delay in performance of a requirement under this Order is or was attributable to a force majeure, the time period for performance of that requirement shall be extended as deemed necessary by EPA. Such an extension shall not alter Respondent's obligation to perform or complete other tasks required by the Order which are not directly affected by the force majeure.

XI. STIPULATED AND STATUTORY PENALTIES

For each day, or portion thereof, that Respondent fails to perform, fully, any requirement of this Order in accordance with the schedule established pursuant to this Order and any plans approved pursuant to this Order, Respondent shall be liable as follows:

| Period of Failure to Comply | Penalty Per Violation Per Day |
|-----------------------------|-------------------------------|
| 1st through 7th day | \$500.00 |
| 8th through 15th day | \$1,000.00 |
| 16th day and beyond | \$5,000.00 |

Upon receipt of written demand by EPA, Respondent shall make payment to EPA within thirty (30) days. Interest shall accrue on late payments as of the date the payment is due which is the date of the violation or act of non-compliance triggering the stipulated penalties.

Even if violations are simultaneous, separate penalties shall accrue for separate violations of this Order. Penalties accrue and are assessed per violation per day. Penalties shall accrue regardless of whether EPA has notified Respondent of a violation or act of noncompliance. The payment of penalties shall not alter in any way Respondent's obligation to complete the performance of the work required under this Order.

Violation of any provision of this Order may subject Respondent to civil penalties of up to twenty-seven thousand five-hundred dollars (\$27,500) per violation per day, as provided in Section 106(b)(1) of CERCLA, 42 U.S.C. § 9606(b)(1). Respondent may also be subject to punitive damages in an amount up to three times the amount of any cost incurred by the United States as a result of such violation, as provided in Section 107(c)(3) of CERCLA, 42 U.S.C. § 9607(c)(3).

Should Respondent violate this Order or any portion hereof, EPA may carry out the required actions unilaterally, pursuant to Section 104 of CERCLA, 42 U.S.C. § 9604, and/or may seek judicial enforcement of this Order pursuant to Section 106 of CERCLA, 42 U.S.C. § 9606.

XII. RESERVATION OF RIGHTS

Except as specifically provided in this Order, nothing herein shall limit the power and authority of EPA or the United States to take, direct, or order all actions necessary to protect public health, welfare, or the environment or, to prevent, abate, or minimize an actual or threatened release of hazardous substances, pollutants or contaminants, or hazardous or solid waste on, at, or from the Site. Further, nothing herein shall prevent EPA from seeking legal or equitable relief to enforce the terms of this Order, from taking other legal or equitable action as it deems appropriate and necessary, or from requiring the Respondent in the future to perform additional activities pursuant to CERCLA or any other applicable law. EPA reserves the right to bring an action against Respondent under Section 107 of CERCLA, 42 U.S.C. § 9607, for recovery of any response costs incurred by the United States related to this Order or the Site and not reimbursed by Respondent.

XIII. OTHER CLAIMS

By issuance of this Order, the United States and EPA assume no liability for injuries or damages to persons or property resulting from any acts or omissions of Respondent. Neither the United States nor EPA shall be deemed a party to any contract entered into by the Respondent or its directors, officers, employees, agents, successors, representatives, assigns, contractors, or consultants in carrying out actions pursuant to this Order.

Except as expressly provided in Section XIV - Covenant Not To Sue, nothing in this Order constitutes a satisfaction of or release from any claim or cause of action against the Respondent or any person not a party to this Order, for any liability such person may have under CERCLA, other statutes, or the common law, including but not limited to any claims of the United States for costs, damages and interest under Sections 106(a) and 107(a) of CERCLA, 42 U.S.C. §§ 9606(a) and 9607(a).

This Order does not constitute a preauthorization of funds under Section 111(a)(2) of CERCLA, 42 U.S.C. § 9611(a)(2). The Respondent waives any claim to payment under Sections 106(b), 111, and 112 of CERCLA, 42 U.S.C. §§ 9606(b), 9611, and 9612, against the United States or the Hazardous Substance Superfund arising out of any action performed under this Order.

No action or decision by EPA pursuant to this Order shall give rise to any right to judicial review except as set forth in Section 113(h) of CERCLA, 42 U.S.C. § 9613(h).

XIV. COVENANT NOT TO SUE

Except as otherwise specifically provided in this Order, upon issuance of the EPA notice referred to in Section XIX - Notice of Completion, EPA covenants not to sue Respondent for judicial imposition of damages or civil penalties or to take administrative action against Respondent for any failure to perform removal actions agreed to in this Order except as otherwise reserved herein.

Except as otherwise specifically provided in this Order, in consideration and upon Respondent's payment of the AOC Oversight Costs specified in Section VIII of this Order, EPA covenants not to sue or to take administrative action against Respondent's under Section 107(a) of CERCLA for recovery of AOC Oversight Costs incurred by the United States in connection with this removal action or this Order. This covenant not to sue shall take effect upon the receipt by EPA of the payments required by Section VIII - Reimbursement of Costs.

These covenants not to sue are conditioned upon the complete and satisfactory performance by Respondent of its obligations under this Order. These covenants not to sue extend only to the Respondent and do not extend to any other person.

XV. CONTRIBUTION PROTECTION

With regard to claims for contribution against Respondent for matters addressed in this Order, the Parties hereto agree that the Respondent is entitled to protection from contribution actions or claims to the extent provided by Sections 113(f)(2) and 122(h)(4) of CERCLA, 42 U.S.C. §§ 9613(f)(2) and 9622(h)(4).

Nothing in this Order precludes the United States or the Respondent from asserting any claims, causes of action or demands against any persons not parties to this Order for indemnification, contribution, or cost recovery.

XVI. INDEMNIFICATION

Respondent agrees to indemnify, save and hold harmless the United States, its officials, agents, contractors, subcontractors, employees and representatives from any and all claims or causes of action: (A) arising from, or on account of, acts or omissions of Respondent, Respondent's officers, heirs, directors, employees, agents, contractors, subcontractors, receivers, trustees, successors or assigns, in carrying out actions pursuant to this Order; and (B) for damages or reimbursement arising from or on account of any contract, agreement, or arrangement between Respondent, and (any one or more) persons for performance of work on or relating to the Site, including claims on account of construction delays. In addition, Respondent agrees to pay the United States all costs incurred by the United States, including litigation costs arising from or on account of claims made against the United States based on any of the acts or omissions referred to in the preceding paragraph.

Respondent waives all claims against the United States for damages or reimbursement or for set-off of any payments made or to be made to the United States, arising from or on account of any contract, agreement, or arrangement between (any one or more of) Respondent and any person for performance of Work on or relating to the Site, including, but not limited to, claims on account of construction delays.

XVII. INSURANCE

The proof of insurance previously submitted by Respondent to EPA pursuant to the October 27, 2000 AOC shall be deemed submitted under this Order. Respondent shall maintain for the duration of this Order, comprehensive general liability insurance and automobile insurance with limits of five (5) million dollars, combined single limit. Respondent shall provide EPA with certificates of such insurance and a copy of each insurance policy, if Respondent has not done so already. If Respondent demonstrates by evidence satisfactory to EPA that any contractor or subcontractor maintains insurance equivalent to that described above, or insurance covering some or all of the same risks but in an equal or lesser amount, then Respondent need provide only that portion of the insurance described above which is not maintained by such contractor or subcontractor.

XVIII. MODIFICATIONS

Requirements of this Order may be modified in writing by mutual agreement of the parties.

If Respondent seeks permission to deviate from any approved Work Plan or schedule, Respondent's Project Coordinator shall submit a written request to EPA for approval outlining the proposed Work Plan modification and its basis.

No informal advice, guidance, suggestion, or comment by EPA regarding reports, plans, specifications, schedules, or any other writing submitted by Respondent shall relieve Respondent of its obligation to obtain such formal approval as may be required by this Order, and to comply with all requirements of this Order unless it is formally modified.

XIX. NOTICE OF COMPLETION

When EPA determines, after EPA's review of the Final Report, that all removal actions have been fully performed in accordance with this Order, with the exception of any continuing obligations required by this Order, EPA will provide notice to the Respondent. If EPA determines that any removal actions have not been completed in accordance with this Order, EPA will notify Respondent, provide a list of the deficiencies, and require that Respondent modify the Work Plan if appropriate in order to correct such deficiencies. Respondent shall implement the modified and approved Work Plan and shall submit a modified Final Report in accordance with the EPA notice.

Failure by Respondent to implement the approved modified Work Plan shall be a violation of this Order.

XX. SEVERABILITY

If a court issues an order that invalidates any provision of this Order or finds that Respondent has sufficient cause not to comply with one or more provisions of this Order, Respondent shall remain bound to comply with all provisions of this Order not invalidated or determined to be subject to a sufficient cause defense by the court's order.

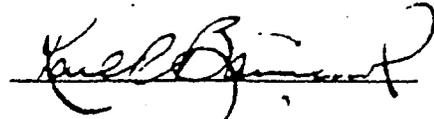
XXI. EFFECTIVE DATE

All aspects of this Order shall be effective (2) days after Respondent receives notification that the Order has been signed by EPA Region 4.

The undersigned representative of Respondent certifies that they are fully authorized to enter into the terms and conditions of this Order and to bind the party they represent to this document.

Agreed this 25th day of September, 2001.

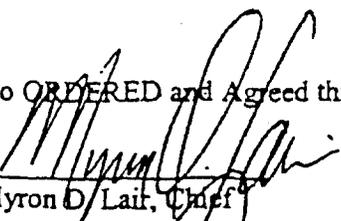
Solutia Inc.

By: 

Karl R. Barnickol (Typed Name)

Its: Senior Vice President, General Counsel, and Secretary

It is so ORDERED and Agreed this 3rd day of October, 2001:

BY:  DATE: 10/3/2001
Myron D. Lair, Chief
Emergency Response and Removal Branch, Region IV
U.S. Environmental Protection Agency

EFFECTIVE DATE: 10/5/2001

Exhibit A

SAMPLING CORRESPONDENCE

AND

LICENSE AGREEMENT

Exhibit A

SAMPLING CORRESPONDENCE

{Name}
{Address}

Re: Property Located at {address}

Dear _____:

Solutia Inc. and the United States Environmental Protection Agency (EPA) have entered into an administrative agreement requiring Solutia to perform certain tasks in and around the Anniston area with EPA oversight. At EPA's request and pursuant to the administrative agreement, Solutia has agreed to investigate residential properties in certain areas in and around Anniston for the presence of polychlorinated biphenyls ("PCBs") and lead. The above referenced property is within one of the areas in which Solutia agreed to investigate.

So that Solutia can perform its investigation, Solutia requests that you grant permission for Solutia, EPA, the Alabama Department of Environmental Management (ADEM), and their contractors and representatives to enter your property by signing the enclosed License Agreement and returning it to me in the enclosed, self-addressed, stamped envelope within thirty days from the day you receive this letter.

Solutia will need to obtain soil samples from your front and back yards. Those samples will then be analyzed at an EPA-approved laboratory for the presence of PCBs and lead. Under the administrative agreement, Solutia has agreed to remove or otherwise address soils where the initial sampling reveals the presence of PCBs at levels equal to or greater than 10 parts per million. After your soil is analyzed, Solutia will provide you with copies of the sampling results. If the results indicate a presence of PCBs at levels equal to or greater than 10 parts per million, Solutia will request access to undertake additional response activities to address PCB impacted areas on your property. The initial sampling and any additional work performed on your property will not cost you any money and will be designed to minimize any inconvenience to you.

If you have any questions regarding the attached License Agreement, please do not hesitate to give me a call. I can be reached at _____. Alternatively, you may call Steve Spurlin, EPA's on-scene coordinator responsible for overseeing Solutia's activities under the administrative agreement. Mr. Spurlin can be reached at EPA's Community Relations Center in Anniston at (256)236-2599.

We thank you for your cooperation and appreciate your prompt attention to this matter.

Sincerely,

Solutia Inc.

Exhibit A

SAMPLING LICENSE AGREEMENT

This License Agreement is made between _____
_____, a landowner (or tenant) in Calhoun County, Alabama, owning (or leasing)
property located at _____
("Owner") (or "Tenant"), and Solutia Inc., 702 Clydesdale Avenue, Anniston, Alabama, 36201-5390.

1. Owner (or Tenant) hereby grants to Solutia, EPA, ADEM, and their contractors and representatives a revocable license to enter upon real property owned by Owner (or leased by Tenant) located at _____
_____ (the "Property"), for the following purpose: Taking soil samples from the Property and analyzing such samples for the presence of polychlorinated biphenyls ("PCBs") and lead. This access shall permit the collection of soil samples from the unimproved portions of the Property and any soils beneath any structures on the Property, including crawl space areas or unfinished basements.
2. Solutia agrees, upon completion of the sampling and testing to be performed, that all material and equipment shall be removed from the Property, except for improvements agreed to by Owner (if Tenant is signing this license, put Owners name here). The Property will be restored as nearly as possible to its original state and condition.
3. Solutia assumes responsibility for, and agrees to indemnify Owner (or Tenant) for, any liability for losses, expenses, damages, demands, and claims in connection with or arising out of any injury to persons or damage to property sustained in connection with or arising out of performance of the work hereunder.
4. Solutia assumes responsibility and liability for violations of Federal, State, or local law incurred in connection with or arising out of performance of the work hereunder.
5. Owner (or Tenant) shall advise Solutia of any utility lines or other hazardous or potentially hazardous conditions that Owner (or Tenant) is aware of that might reasonably be expected to be affected by the work to be performed.
6. This Agreement contains the entire agreement among the parties, and no other agreements, whether oral or written, between the parties with respect to the subject matter of this Agreement shall be binding or valid, except as provided above.

Executed this _____ day of _____, 2000.

By:

Print/Typed Name: _____

Address: _____

SOLUTIONIA INC.

By:

Title: _____

Exhibit B

SOIL REMOVAL CORRESPONDENCE

AND

LICENSE AGREEMENT

Exhibit B

SOIL REMOVAL CORRESPONDENCE

{Name}
{Address}

Re: Property Located at {address}

Dear _____:

Solutia Inc. and the United States Environmental Protection Agency (EPA) have entered into an administrative agreement requiring Solutia to perform certain tasks in and around the Anniston area with EPA oversight. As you are aware, EPA and/or Solutia previously sampled your property for the presence of PCBs and found a level of PCBs in a composite sample equal to or greater than 10 parts per million in your (front/back/or whole) yard. At EPA's request and pursuant to the administrative agreement, Solutia has agreed to perform a removal action on your property to address the presence of PCBs in your (front/back/or whole) yard. In addition, Solutia has agreed pursuant to the administrative agreement to sample dust in in your home for the presence of PCBs, and if the dust samples indicate PCB concentrations equal to or greater than 2 parts per million, Solutia has agreed to clean the inside of your home.

So that Solutia can perform the removal action, Solutia requests that you grant permission for Solutia, EPA, the Alabama Department of Environmental Management (ADEM), and their contractors and representatives to enter your property for the following purposes: 1) to address PCB impacted soils on your property; and 2) to sample the dust inside of your home for PCBs, and if necessary to clean it up. You may grant permission for the above described activities by signing the enclosed License Agreement and returning it to me in the enclosed, self-addressed, stamped envelope within thirty days from the day you receive this letter.

Before Solutia performs any removal action on your property, the action will be explained to you in writing. Depending on the scope of the removal action necessary on your property, it may be necessary to temporarily relocate all of the residents living in the home during the removal action. Any temporary relocation offered pursuant to the administrative agreement between EPA and Solutia Inc. will be in accordance with applicable Federal and State law. The work performed on your property, including any temporary relocation during the removal action, will not cost you any money and will be designed to minimize any inconvenience to you.

If you have any questions regarding the attached License Agreement, please do not hesitate to give me a call. I can be reached at _____. Alternatively, you may call Steve Spurlin, EPA's on-scene coordinator responsible for overseeing Solutia's activities under the administrative agreement. Mr. Spurlin can be reached at EPA's Community Relations Center in Anniston at (256)236-2599.

matter. We thank you for your cooperation and appreciate your prompt attention to this

Sincerely,

Solutia Inc.

Exhibit B

SOIL-REMOVAL LICENSE AGREEMENT

This License Agreement is made between _____
_____, a landowner (or tenant) in Calhoun County, Alabama, owning property located
at _____ ("Owner") (or
"Tenant"), and Solutia Inc., 702 Clydesdale Avenue, Anniston, Alabama, 36201-5390.

1. Owner (or Tenant) hereby grants to Solutia, EPA, ADEM, and their contractors and representatives a revocable license to enter upon real property owned by Owner (or leased by Tenant) located at _____ (the "Property"), for one or more of the following purposes:

1.1 Removing soils from the Property, disposing of soils from the Property, performing engineered controls (including, but not limited to, drainage modification and grading) at the Property, and restoring the Property as nearly as possible to its original state and condition in accordance with a work plan to be provided to Owner (or Tenant) prior to the initiation of any work on the Property.

1.2 Sampling soils on the Property for the presence of PCBs and/or lead in order to determine the scope and extent of the cleanup.

1.3 Sampling dust in the interior of improvements on the Property, analyzing such samples for the presence of PCBs, and if the dust samples indicate PCB concentrations equal to or greater than 2 parts per million, cleaning to remove PCBs from the interior of the improvements.

2. Solutia agrees, upon completion of the sampling, testing, and any soil removal response action and/or restoration to be performed, that all material and equipment shall be removed from the Property, except for improvements agreed to by Owner (if Tenant is signing this license, put Owners name here). The Property will be restored as nearly as possible to its original state and condition.

3. Solutia assumes responsibility for, and agrees to indemnify Owner (or Tenant) for, any liability for losses, expenses, damages, demands, and claims in connection with or arising out of any injury to persons or damage to property sustained in connection with or arising out of performance of the work hereunder.

4. Solutia assumes responsibility and liability for violations of Federal, State, or local law incurred in connection with or arising out of performance of the work hereunder.

5. Owner (or Tenant) shall advise Solutia of any utility lines or other hazardous or potentially hazardous conditions that Owner (or Tenant) is aware of that might reasonably be expected to be affected by the work to be performed.

6. This Agreement contains the entire agreement among the parties, and no other agreements, whether oral or written, between the parties with respect to the subject matter of this Agreement shall be binding or valid, except as provided above.

Executed this _____ day of _____, 2000.

By:

Print/Typed Name: _____

Address: _____

SOLUTIA INC.

By:

Title: _____

Exhibit C

"EPA NOTIFICATION OF NONCOMPLIANCE (SAMPLING)"

EPA NOTIFICATION OF NONCOMPLIANCE (SAMPLING)

Anniston PCB Site
Administrative Order On Consent

| Sampling Letter | | | | |
|-----------------|------------|----------|-----------------|----------|
| Sent | Signed For | Returned | Access Granted? | Days Out |

Residential: Zone 1: Phase 1

3301 Hwy 202

3736: 11-22-01-11-08-05.010

1148 > Tenant Current Resident
3301 Hwy 202
Anniston, AL 36201

06/08/01 06/12/01

38

415 S Colvin St

4832: 11-22-06-14-03-02.000

1107 > Owner
415 S Colvin St
Anniston, AL 36201

06/08/01 06/12/01

38

418 S Colvin St

7070: 11-22-06-14-04-17.000

1141 > Owner
420 S Colvin St
Anniston, AL 36201

06/08/01 06/12/01 06/22/01 NO

-

1167 > Tenant Current Resident
418 S Colvin St
Anniston, AL 36201

06/08/01 06/12/01

38

429 S Colvin St

7069: 11-22-06-14-03-02.000

1140 > Owner
415 S Colvin St
Anniston, AL 36201

06/08/01 06/12/01

38

430 S Colvin St

4772: 11-22-06-14-04-16.000

1120 > Owner
412 S Colvin St
Anniston, AL 36201

06/08/01 06/14/01

36

507 S Colvin St

4834: 11-22-06-14-03-09.000

1175 > Tenant
507 S Colvin St
Anniston, AL 36201-4919

06/08/01 06/12/01

38

Exhibit D

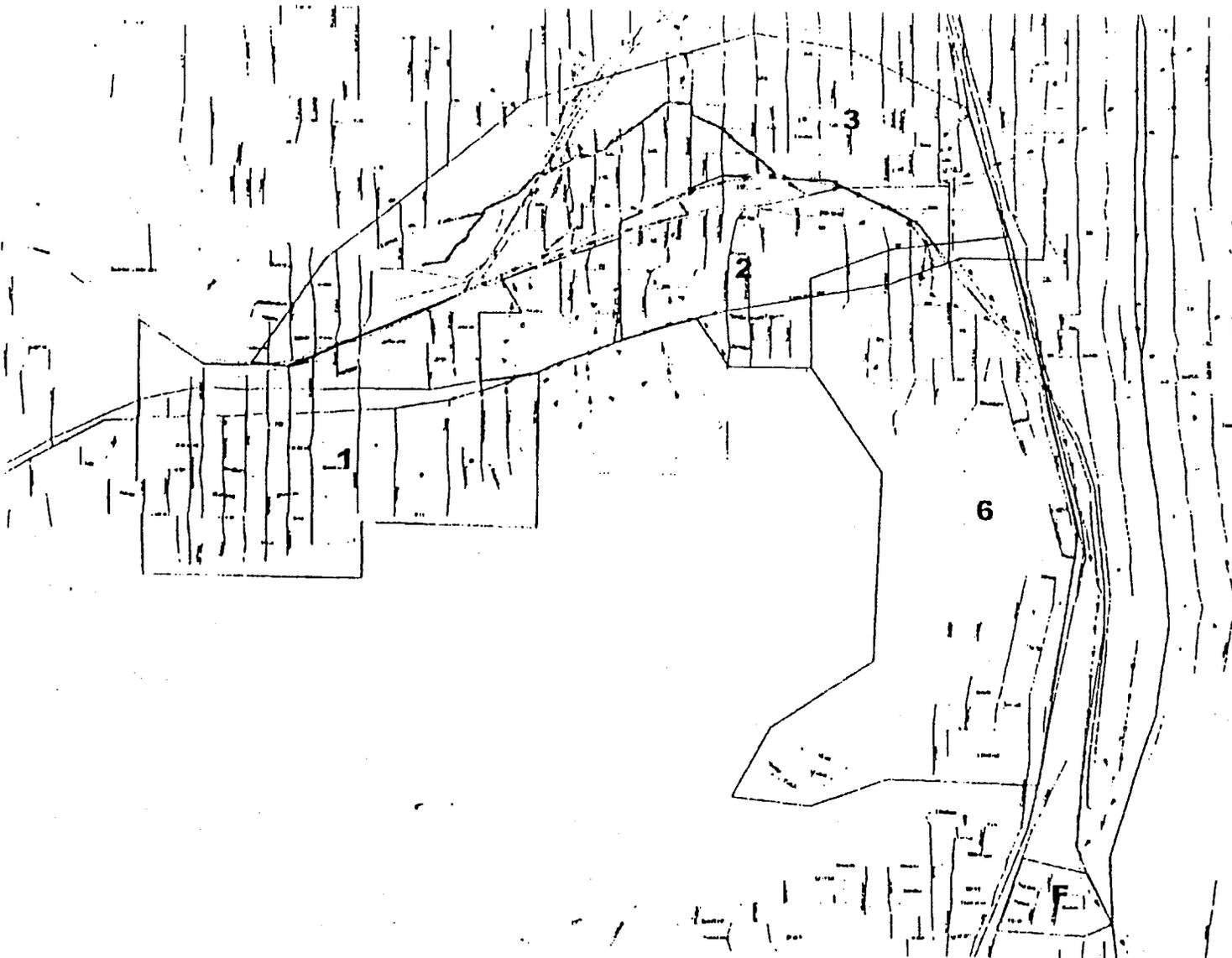
PROPERTIES WITH PCB'S \geq 10 PPM

Properties with PCB's ≥ 10 PPM

1. 1230 West 12th Street
2. 2302 Calhoun Street
3. 912 Duncan Avenue
4. 920 McDaniel Avenue
5. 1215 West 11th Street
6. 1113 McDaniel Avenue
7. 1209 Crawford Avenue
8. 709 Mulberry Avenue
9. 701 Mulberry Avenue
10. 717 Zinn Parkway Drive
11. 200 Patrick Street, Oxford
12. 215 Patrick Street, Oxford
13. 216 Patrick Street, Oxford
14. 1212 West 12th Street
15. 111 Hall Street
16. 423 Chestnut Avenue
17. 1116 Brown Avenue
18. 1523 Cobb Avenue
19. 1407 Glen Addie Avenue

Exhibit E

Figure 1



LEGEND:

- Drainage (From Topo)
- Drainage (From Solutia)
- Drainage Area(s)
- - - For Characterization
- - - For Remediation
- SHORT-TERM Zone(s)
- Utility Lines
- Streets
- Railroads
- Streams
- Solutia Property Line*
- Flood Zone

NOTE:
 This map was prepared for the purpose of providing information to the public regarding the status of the remediation program for PCBs in the Anniston area. The information contained herein is for informational purposes only and should not be used for any other purpose. The information is current as of the date of publication. The information is subject to change without notice. The information is not intended to constitute an offer of insurance or any other financial product. The information is not intended to be used for any other purpose. The information is not intended to be used for any other purpose.



SCALE

US Environmental Protection Agency - Region IV
 Anniston PCBs
 Anniston, Calhoun County, Alabama
 TDD NO. 4T-00-09-006

**AOC* FIGURE 1
 -FINAL-**

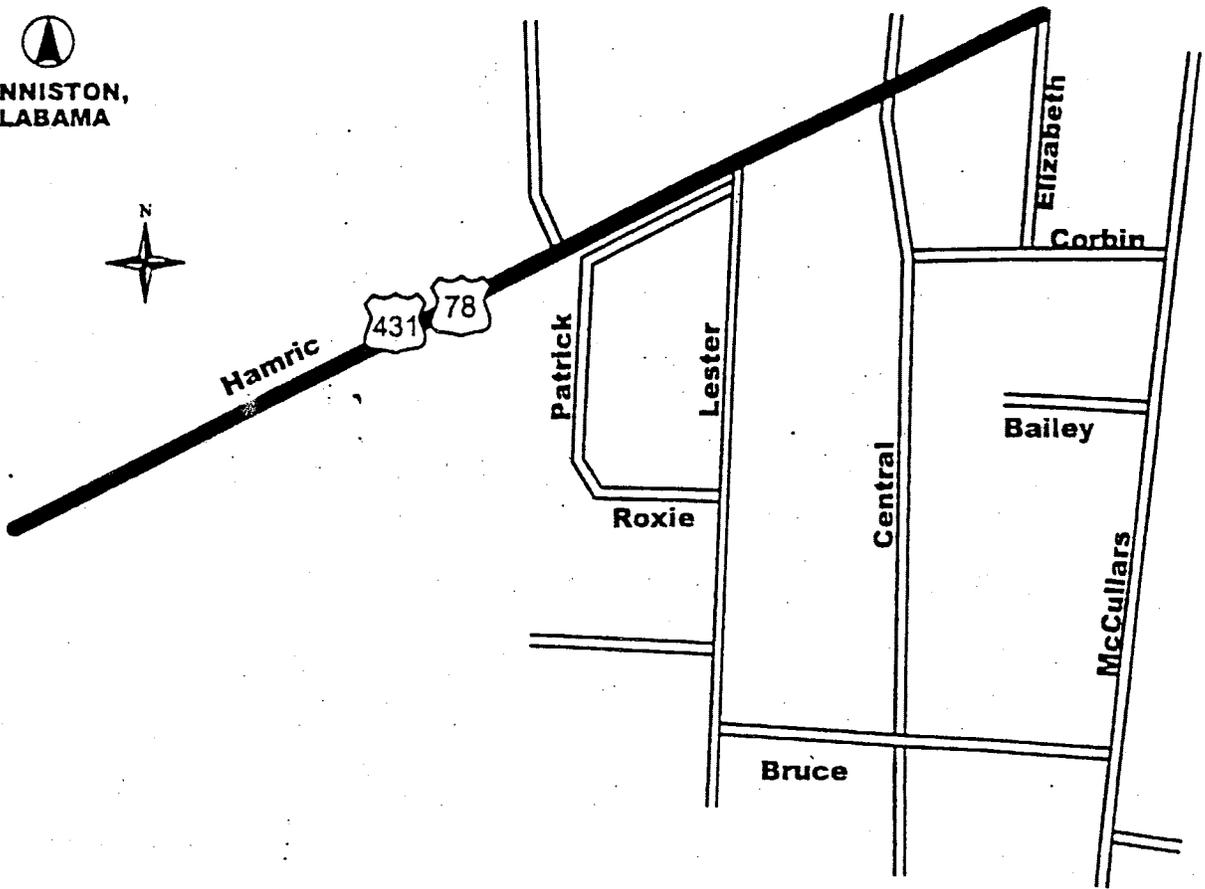
Short Term: Zones and Drainage Area
 for Characterization and for Remediation

Tetra Tech EM Inc. START

Exhibit F

Figure 2

ANNISTON,
ALABAMA



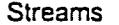
I - 20

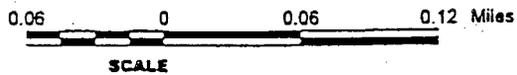
OXFORD, ALABAMA



SOURCE: MODIFIED FROM USGS 7.5 MINUTE QUADRANGLE, ANNISTON QUADRANGLE ALABAMA, 1998

LEGEND:

 Railroads
 Streams



NOTE:

AOC = "Administrative Order Consent"



US-Environmental Protection Agency - Region IV

Anniston PCB Site
Anniston, Calhoun County, Alabama
TDD NO. 4T-00-09-005

AOC* FIGURE 2

FINAL Oxford Lake Neighborhood Area



Tetra Tech EMI Inc. START

Revised: Dec. 01, 2001 08.20.03

Exhibit G

Figure 3

Site Location Map

Solutia Inc.
Oxford, Alabama

NOTES

Oxford Lakes Image provided by BBL, Inc.

SCALE

1:3600 (1" = 300')

Created by: MCG

Checked by: SJM

FILE
Q:\1.y0062.spr
ytSiteLoc - 20010425

DATE
25-Apr-2001

FIGURE
3



Quintard Avenue

Snow Creek

Recreation Drive

Field B

Field C

Field A

Field D

Oxford Lake Softball Complex



300 0 300 Feet



APPENDIX B

KEY USEPA CORRESPONDENCE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8980

February 4, 2002

4WD-ERRB

Craig Branchfield
Manager, Remedial Projects
Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328

Re: 11th Street Ditch Removal Action Response Work Plan, Anniston PCB Site, Anniston, Alabama

Dear Mr. Branchfield:

The U. S. Environmental Protection Agency (EPA) has reviewed the July 6, 2001, 11th Street Ditch Removal Response Work Plan submitted by Solutia Inc. pursuant to the Administrative Order on Consent (AOC). Additionally, EPA reviewed the information Solutia provided in the October 12, 2001 letter submitted to provide additional information to support Solutia's proposed removal alternative.

The EPA does not feel the proposed removal actions are sufficient to ensure that the requirements of the AOC will be met; therefore, the work plan is not approved. Outlined below are EPA's comments and responses to the proposal.

1. When referencing the "ditch", EPA defines the ditch as an area which includes the ditch bottom, side slopes, and non-channelized areas generally portrayed in the figure titled Plate I of the work plan. This would include non-channelized areas in close proximity to the ditch, such as areas between the main tracks and the spur tracks just west of Clydesdale Avenue. However, flood plain areas outside the defined eastern portion of the ditch would be included in future evaluations by the ADEM RCRA and EPA Remedial programs. The intent is to ensure that the removal action implemented will result in a "clean" corridor along the rail way area.
2. If a liner was installed along the ditch as proposed, it would be difficult to provide assurance that the liner was meeting the AOC requirements over the long-term, due to existing PCB contamination near the 11th Street ditch. EPA could likely identify areas near the ditch having PCB levels greater than 1 ppm.

3. Solutia's October 12, 2001 letter indicates that the Alabama Department of Environmental Management (ADEM) has stated that the lining alternative is an appropriate interim measure for the 11th Street ditch. EPA's review of the May 19, 1999 ADEM letter, and subsequent conversations with ADEM, indicate that the alternative was approved for further consideration. The ADEM letter did express concern about the long-term durability of a liner, and the ability to conduct adequate maintenance on a non-owned (right-of-way) property.
4. Solutia's October 12, 2001 letter stated several factors supporting the proposal. The EPA responds to these factors as follows:
 - a. relocation of existing water line: After consulting with a contractor with extensive construction and environmental remediation experience, EPA feels that adequate remediation could be conducted to meet the requirements of the AOC without relocation of the line. EPA assumes that relocation of the water line is based on the municipalities concern about future maintenance or infiltration of PCB's into the line. Removal of PCBs around the line will address these issues. The EPA is willing to further discuss the need for relocation with Solutia and the Anniston utilities office.
 - b. risk to integrity of rail line: At the previous meeting between EPA, Solutia, and Norfolk Southern representatives, the railroad indicated that neither lining or excavation would impose a significant risk to the tracks if appropriate controls were instituted. In this regard, the railroad has committed to working with the parties involved with the project. From EPA's observations of the area, the most troublesome area would likely be the embankment on the south side of the ditch that supports the track along the lower reach of the ditch. This situation can likely be addressed through appropriate engineering controls such as installing sheet pile.
 - c. risks from heavy truck traffic: EPA and numerous responsible parties have conducted trucking operations safely in many similar situations. EPA is confident that Solutia's contractor will implement the appropriate health and safety measures to ensure the work is conducted with minimal risk to the residential area. The area is probably more conducive to trucking operations because much of the ditch has accessible areas owned by a limited number of parties, and the truck traffic would not traverse directly through a residential area.
 - d. excavation of active ditch/sediment transport: EPA feels there are existing engineering controls to address both flow and sediment transport issues. Also, the work plan indicated that Solutia would obtain an NPDES permit for this action. In addition to the fact that the work is being conducted pursuant to CERCLA removal authorities, the diversion of storm water around a work area may not require a permit. EPA is discussing this issue with the EPA and ADEM NPDES offices.

5. EPA acknowledges that remedies similar to the lining remedy have been implemented in the area. EPA believes that the situation at many of the referenced areas (landfills, Hwy 202, Mall, etc.) is significantly different than the ditch. For example, the landfills and several other areas, where lining/capping were implemented are owned by Solutia. At these areas, Solutia controls access, conducts maintenance, and in some cases, monitors potential release areas via periodic sampling. Solutia will never own the majority of the ditch property. The work plan indicates no formal agreement between Solutia and the property owners regarding access, future inspection/maintenance, or monitoring via sampling.

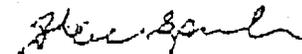
During the previous meeting, the railroad indicated concerns about third party (utility) disturbance in the right-of-way. EPA is similarly concerned regarding future subsurface disturbance from utility work, or a catastrophic event such as a derailment. Such events could result in the release of PCBs at levels that exceed the AOC requirements.

The ditch is located closer to residential areas than many of the referenced projects. To date, several of the lining/capping activities conducted by Solutia have not been approved by ADEM as final remedies. EPA understands that further detailed evaluation regarding the long-term effectiveness of these interim measures will be required prior to approval as a final remedy. Significant removal of PCBs from the ditch could minimize the future resource requirements related to approval as a final remedy.

6. Some of the EPA samples collected along the portion of the ditch on the Alabama Power company property had lab results exceeded 50 ppm for PCBs. Solutia will need to consider this information when planning removal and disposal of material from this area.
7. In EPA's discussions with Solutia, there has been some indication based on past sampling that there is likely a "hard-pan" layer at shallow depth for much of the ditch. This layer could hinder vertical PCB movement, thereby, requiring only a shallow soil excavation in the ditch.

Solutia will need to submit a revised work plan as required by the AOC. The revised work plan will need to include a significant soil removal component to address EPA concerns regarding future releases exceeding the AOC criteria. EPA would be glad to meet with Solutia in the near future to discuss the 11th Street ditch project. I can be reached at 404/562-8743.

Sincerely,



Steve Spurlin
On-Scene Coordinator

cc: ADEM

SOLUTIA

Applied Chemistry. Creative Solutions

Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328
Tel 256-231-8400

March 13, 2002

SENT FEDERAL EXPRESS

Mr. Steve Spurlin
On-Scene Coordinator
Emergency Response & Removal Branch
United States Environmental Protection Agency
Region 4
100 Alabama Street, S.W.
Atlanta, Georgia 30303-8699

Re: Response to Comments and Proposed Plan of Action
11th Street Ditch Removal Action Response Work Plan
Anniston PCB Site, Anniston, Alabama

Dear Mr. Spurlin:

This letter is written to respond to comments received from the United States Environmental Protection Agency (USEPA) on February 4, 2002 regarding our previously submitted *11th Street Ditch Removal Response Action Work Plan* (Work Plan). Based on a detailed review of the comments provided and a subsequent joint site visit conducted on Tuesday, February 26, 2002, Solutia Inc. (Solutia) proposes to conduct the following response actions to address the requirements of the Administrative Order on Consent (AOC) executed by Solutia and the USEPA on October 5, 2001:

- Clear existing vegetation from ditch channel as necessary to implement proposed response actions;
- Excavate 6-inch to 1-foot envelope of sediments from the base and sidewalls of ditch segments where polychlorinated biphenyl (PCB) concentrations exceed 10 milligrams per kilogram (mg/kg). Actual excavation depths will depend on bedrock location and shaping requirements for subsequent liner installation. Sediment removed will be analyzed for waste characterization purposes and disposed off site in an approved landfill facility;
- Collect post-removal composite samples along full extent of ditch to document remaining sediment PCB concentrations. Composite samples will be collected as three-point composites (base at centerline and each sidewall of ditch) every 1,000 feet;
- Place clean fill in excavated areas to return to original grade, and shape all ditch segments to prepare for liner installation as appropriate;
- Place 40-mil high density polyethylene (HDPE) liner on exposed subgrade and install shotcrete or concrete-mat liner on base and sidewalls of all ditch segments where excavation was performed and remaining ditch segments where average PCB concentrations exceed 1 mg/kg. Liner will also be installed in select segments where

Mr. Steve Spurlin
March 13, 2002
Page 2

average PCB concentrations are less than 1 mg/kg as necessary to ensure continuity of overall remedy.

- Install sediment traps along length of lined ditch to evaluate potential accumulation of PCB-containing sediments and allow for removal as appropriate, in accordance with previously submitted *Post-Removal Response Action Site Maintenance and Monitoring* plan (Section 7.0 of Work Plan); and
- Address ditch segment d3 and other floodplain areas adjacent to the defined ditch channel in conjunction with floodplain investigation and corrective action programs, as appropriate.

Individual segments comprising the 11th Street Ditch, total PCB concentrations measured in each segment, and specific removal actions proposed for each segment are shown on Plate I. Table I contains a brief description of the location of each segment, the average PCB concentration measured in the segment, the length of the segment and the removal action proposed for the segment. Please note that the referenced plate and table include the new section of ditch identified during our site visit on February 26, 2002. This section, located east of segment b, was not included in the AOC and has been designated "segment f." This segment was sampled following the site visit, and analytical results are summarized in the enclosures. A report detailing the sampling and analysis procedures and results will be submitted under separate cover.

The response actions proposed herein will prevent the potential for direct contact with soils and sediments with PCB concentrations of 10 mg/kg or higher and prevent the release of soils and sediments with PCB concentrations exceeding 1 mg/kg, as required by the AOC. We look forward to receiving approval of our previously submitted Work Plan, as modified by this correspondence. Within 14 days of receipt of such approval, in accordance with provisions of the AOC, Solutia will submit a schedule to the USEPA detailing activities required to complete the proposed response actions and the time required to complete each activity.

Please contact me if you have any questions or need additional information.

Sincerely,



Craig Branchfield
Manager, Remedial Projects

cc: Mr. Russ McLean (USEPA)
Mr. Wm. Gerald Hardy (ADEM)

enclosures

SOLUTIA

Applied Chemistry. Creative Solutions

Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328
Tel 256-231-8400

March 25, 2002

SENT FEDERAL EXPRESS

Mr. Steve Spurlin
On-Scene Coordinator
Emergency Response & Removal Branch
United States Environmental Protection Agency
Region 4
100 Alabama Street, S.W.
Atlanta, Georgia 30303-8699

Re: 11th Street Ditch Removal Action Response Work Plan (RARWP)
Anniston PCB Site, Anniston, Alabama

Dear Mr. Spurlin:

On March 13, 2002, Solutia Inc. (Solutia) submitted a written response to comments and proposed plan of action to implement an appropriate remedy for the Anniston Site 11th Street Ditch. Subsequent to that response, the United States Environmental Protection Agency (USEPA) indicated it will require assurances that Solutia will obtain appropriate agreements with the Norfolk Southern Corporation to allow long-term maintenance of proposed engineering controls and establish necessary institutional controls to protect the integrity of the remedy in the rail right-of-way, e.g. notification procedures for third party work. In addition, maintenance and monitoring of the proposed remedy will need to include periodic, i.e. quarterly, inspection, analysis and possible removal of any sediments accumulated in the proposed sediment traps until determined by USEPA to no longer be necessary. Please be advised that Solutia intends to address these items by preparing a revised Maintenance and Monitoring Plan following the completion of the final engineering design and subsequent approval by the Norfolk Southern Corporation. Negotiation of required agreements with the Norfolk Southern Corporation and preparation of a revised Maintenance and Monitoring Plan will be included in the schedule to be submitted to the USEPA following its approval of the RARWP.

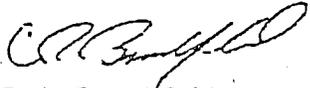
Based on these considerations, Solutia hereby requests that the USEPA formally approve the 11th Street Ditch RARWP submitted on July 9, 2001, as modified by our *Response to Comments and Proposed Plan of Action* submitted by letter on March 13, 2002, and responses included in this correspondence. I have included six (6) additional copies of the *Plan* titled *11th Street Ditch Total PCB Concentrations and Proposed Remedial Actions* previously submitted with the noted March 13, 2002 correspondence for your use and convenience. We look forward to receiving USEPA approval and will submit a schedule detailing activities required to complete the

Mr. Steve Spurlin
March 25, 2002
Page 2

proposed response actions and the time required to complete each activity within 14 days of receipt.

Please contact me if you have any questions or need additional information.

Sincerely,



Craig Branchfield
Manager, Remedial Projects
Solutia Inc.

cc: Mr. Russ McLean (USEPA)
Mr. Wm. Gerald Hardy (ADEM)

enclosures



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

April 4, 2002

4WD-ERRB

Mr. Craig Branchfield
Manager, Remedial Projects
Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328

Re: 11th Street Ditch Removal Action Response Work Plan (RARWP), Anniston PCB Site,
Anniston, Alabama

Dear Mr. Branchfield:

This letter is to document the U. S. Environmental Protection Agency (EPA) approval of the 11th Street Ditch RARWP submitted on July 9, 2001, as modified by your *Response to Comments and Proposed Plan of Action* submitted by letter on March 13, 2002, and responses included in your March 25, 2002 letter. The proposed actions, once implemented, are intended to meet the requirements of the Administrative Order on Consent (AOC) between EPA and Solutia. As part of the future EPA Superfund Remedial process, EPA will be evaluating the 11th Street ditch to determine if additional remedial actions are necessary to address any potential long-term threats to human health or the environment.

EPA anticipates that Solutia will submit an aggressive schedule for the work. If you wish to discuss any issues, please contact me at 404/562-8743.

Sincerely,


Steve Spurlin

APPENDIX C
DESIGN ADDENDUM

11TH STREET DITCH REMOVAL RESPONSE ACTION
ADDENDUM TO DESIGN DOCUMENTS

May 2004

This document memorializes modifications that have been made to the design for the 11th Street Ditch remedy at the Anniston PCB Site located in Anniston, Calhoun County, Alabama. The site comprises approximately 9,560 linear feet of drainage ditch on either side of a Norfolk Southern rail line in Anniston. The project generally involves select excavation and liner installation in approximately 8,260 linear feet of the ditch. Design documents for the project were completed in 2003 and are referenced at the end of this addendum. Design changes that have been made following the issuance of the design documents are presented below along with the basis for the change. Changes noted in this document are to be incorporated into all design and companion documents and take precedence over prior plans and specifications.

1. Replacement of Geomembrane with Geocomposite

The original liner design included a nonwoven geotextile, a 40-mil linear low density polyethylene (LLDPE) liner (or geomembrane) and a layer of shotcrete on the side slopes and bottom of the ditch at specified locations. This change calls for replacement of the nonwoven geotextile and geomembrane at these locations with a geocomposite. The geocomposite shall consist of 6-oz. nonwoven geotextile heat bonded to both sides of a geonet (GSE FabriNet HF or equivalent). The geonet provides a path for water to flow, and the geotextile serves as a filter to prevent the geonet from clogging.

Basis for Change:

- Geocomposite will provide improved barrier to prevent soil migration.
- Geocomposite will provide improved drainage behind the shotcrete which will decrease potential cracking from shrink/swell and/or buoyant forces. .
- Geocomposite will provide more suitable subgrade for and improved bonding to shotcrete.

2. Change in Expansion Joint Materials

The original design specified 1-inch thick blackboard sealed with polyurethane for the expansion joints to be placed every 60 feet in the shotcrete liner. This change calls for the replacement of the standard blackboard material with a rubber expansion joint material (REFLEX[®] or equivalent) and eliminates the requirement for a sealant.

Basis for Change:

- Rubber expansion joint material without a sealant will improve drainage of water conveyed by the geocomposite behind the shotcrete liner.

3. APCO Ditch

The APCO ditch (Ditch Segment A1) is currently specified to be lined with full-depth flowable fill over the existing rip rap. This change calls for replacement of the flowable fill material with non-reinforced shotcrete.

Basis for Change:

- Flowable fill is more fluid than shotcrete and is expected to slump to bottom of ditch based on existing side slope dimensions.
- No wire mesh will be installed in order to avoid potential for induced voltage or leakage to ground from proximate high voltage power lines.

4. Compaction

The current Technical Specifications indicate that backfill material shall be compacted to 100% of the Standard Proctor Density. This change reduces the required compaction to 95% of Standard Proctor Density.

Basis for Change:

- Use of geotextile and/or geocomposite will provide sufficient structural support to allow reduction in required compaction levels.
- 95% compaction is more practical to achieve in the field and is considered adequate to support the ditch liner.

5. Ditch Segment D1

The remedy for Ditch Segment D1 specifies installation of 12 inches of ½ - to ¾ - inch limestone. This remedy was installed during 2003 in conjunction with crossing signal work performed by Norfolk Southern Corporation and is no longer required.

Basis for Change:

- Remedy already completed.

References:

1. 11th Street Ditch Remedial Design Drawings, May 2003, Roux Associates, Inc.
2. Technical Specifications, 11th Street Ditch Response Action, May 14, 2003, Roux Associates, Inc.
3. Construction Best Management Practices Plan, 11th Street Ditch Response Action, July 2003, Roux Associates, Inc.
4. Dust Control Plan, 11th Street Ditch Response Action, July 2003, Roux Associates, Inc.
5. Draft Construction Quality Assurance Plan, 11th Street Ditch Response Action, August 2003, Roux Associates, Inc.
6. Removal Response Action Work Plan, 11th Street Ditch Anniston PCB Site, July 9, 2001, Roux Associates, Inc.
7. USEPA Comments on 11th Street Ditch Removal Action Response Work Plan, February 4, 2002.
8. Solutia Inc.'s Response to USEPA Comments and Proposed Plan of Action, March 13, 2002.
9. Addendum to Solutia Inc.'s Response to USEPA Comments, March 25, 2002.
10. USEPA Approval of 11th Street Ditch Removal Action Response Work Plan, as modified by Solutia Inc. comments, April 4, 2002.



Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201-5328
Tel 256-231-8400

September 24, 2004

Ms. Pamela J. Langston Scully, P.E.
Remedial Project Manager
United States Environmental Protection Agency
Region 4
Atlanta Federal Center
61 Forsyth Street
Atlanta, Georgia 30303-8960

Re: **Anniston PCB Site**
11th Street Ditch Technical Memorandum

Dear Ms. Langston Scully:

Enclosed please find a technical memorandum clarifying details of the 11th Street Ditch liner design, specifically with respect to drainage of surface water and water seepage from the railroad ballast.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig R. Branchfield", is written over a faint, dotted grid background.

Craig R. Branchfield
Manager, Remedial Projects

cc: Mr. Phillip Davis (ADEM)
Mr. G. Douglas Jones, Esq.
Mr. Thomas Dahl

Enclosure

MEMORANDUM

TO: Craig Branchfield
John Loper
CC: Donn Williams
Bill Silverstein
FROM: Meredith Harris
DATE: September 15, 2004
SUBJECT: 11th Street Ditch – Liner Description

This memo has been prepared to clarify the details of the 11th Street Ditch liner design. Sketches of a typical ditch cross section and a typical profile are attached. As outlined in Solutia's March 13, 2002 correspondence, and as approved by USEPA in their March 25, 2002 correspondence, the primary objectives of the 11th Street Ditch remedy are as follow:

- Prevent the potential for direct contact with soils and sediments with PCB concentrations of 10 mg/kg or higher; and
- Prevent the release of soils and sediments with PCB concentrations exceeding 1 mg/kg.

To achieve these objectives, the original, approved liner design consisted of a nonwoven geotextile, a polyethylene liner and 6 inches of concrete reinforced with wire mesh. Standard blackboard (with sealant) expansion joints were specified for installation on 60-foot centers. Due to a high ground-water table in some locations and potential to "float" the ditch or excessive cracking due to uneven uplift forces, the liner design was re-evaluated.

As outlined in the *11th Street Ditch Removal Response Action Addendum to Design Documents* dated May 2004 and submitted to USEPA with the Design Documents, the following features were modified in the liner design:

- The nonwoven geotextile and the polyethylene liner were replaced with a geocomposite consisting of 6-oz nonwoven geotextile heat bonded to both sides of a geonet (GSE FabriNet HF or equivalent); and
- The blackboard expansion joints sealed with polyurethane were replaced with a permeable rubber expansion joint with no sealant (REFLEX[®] or equivalent).

The geocomposite has the capacity to convey a large volume of water under the shotcrete, therefore, minimizing buoyant forces that may "float" the concrete or cause excessive cracking due to uneven uplift pressures. The permeable rubber expansion joints provide a relief point for water being conveyed within the geocomposite. The geocomposite meets the objectives of the liner design and is an improvement as it better protects the integrity of the concrete liner.

Due to the stiffness of the geocomposite and the need for excessive overexcavation for trenching, the geocomposite is being pinned to the subgrade utilizing 18-inch long #4 rebar (with an approximate 1-foot flap of geocomposite exposed). The rebar and the weight of the concrete are considered more than adequate to hold the geocomposite in place. Some overexcavation is still required to allow room for the concrete forms. Upon completion, this overexcavation area will be backfilled with gravel over the 1-foot geocomposite flap to match the pre-existing grade within the gravel area of the railroad right-of-way. Other areas are being backfilled with topsoil and seeded.

Drainage within and adjacent to the ditch will occur in a similar manner as prior to the liner installation. The ditch will convey flow from: 1) upstream ditch reaches; 2) via overland flow coming into the ditch; and 3) via subsurface flow through the ballast and ground water. Water entering the geocomposite via subsurface flow through the ballast and/or ground water will enter the surface flow of the ditch via the permeable rubber expansion joints with sufficient head. It should be noted that the ballast within the railroad right-of-way is very permeable and surface water runoff infiltrates quickly into the ballast, therefore, entering the ditch as subsurface flow. This condition existed previous to the liner installation and will continue to exist.

CLIENT/PROJECT 11th Street Ditch

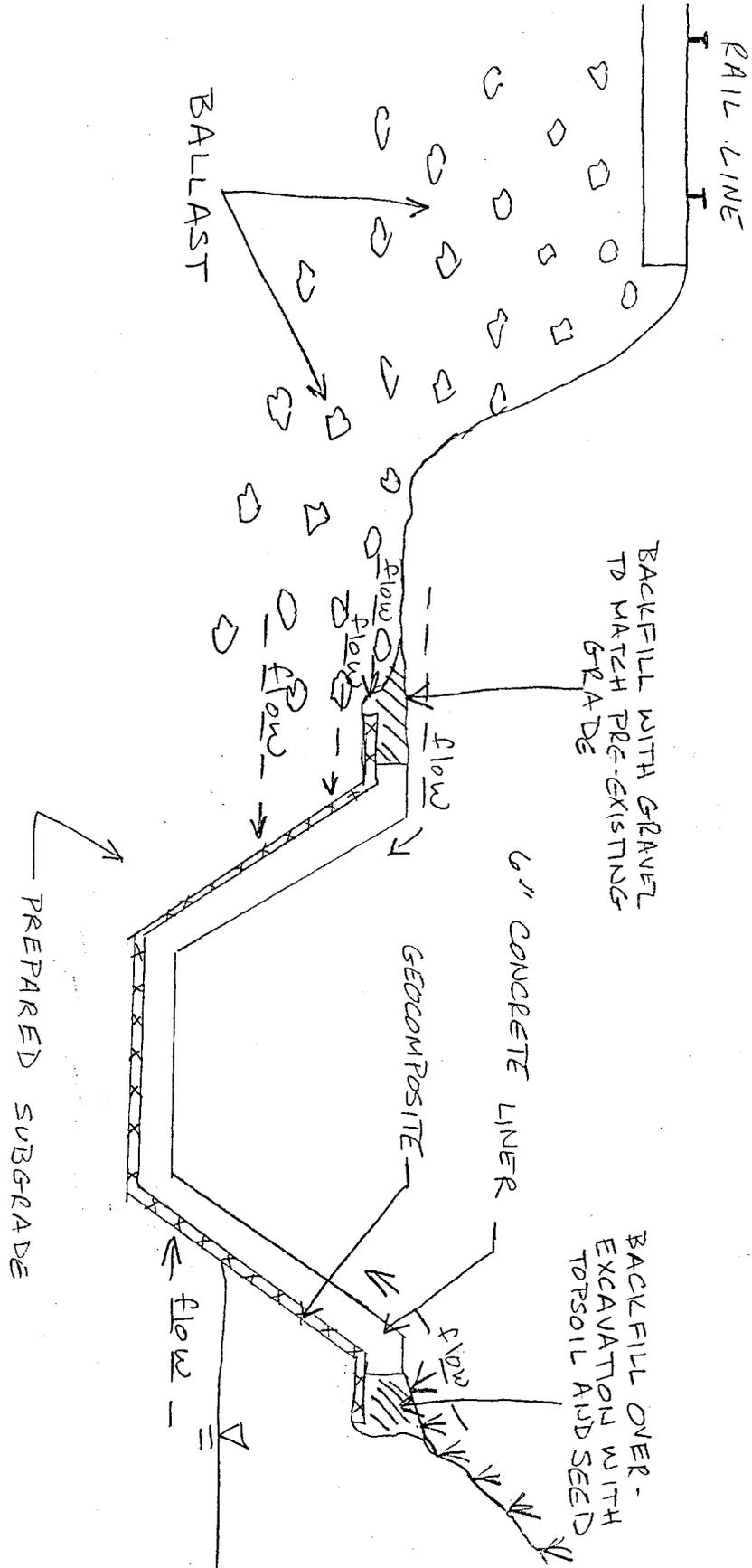
PAGE 1 OF 1

BY M. Harris DATE 9-15-04

PROJECT NO. _____

CHECKED BY _____ DATE _____

DESCRIPTION Typical Ditch Cross Section - Not to Scale

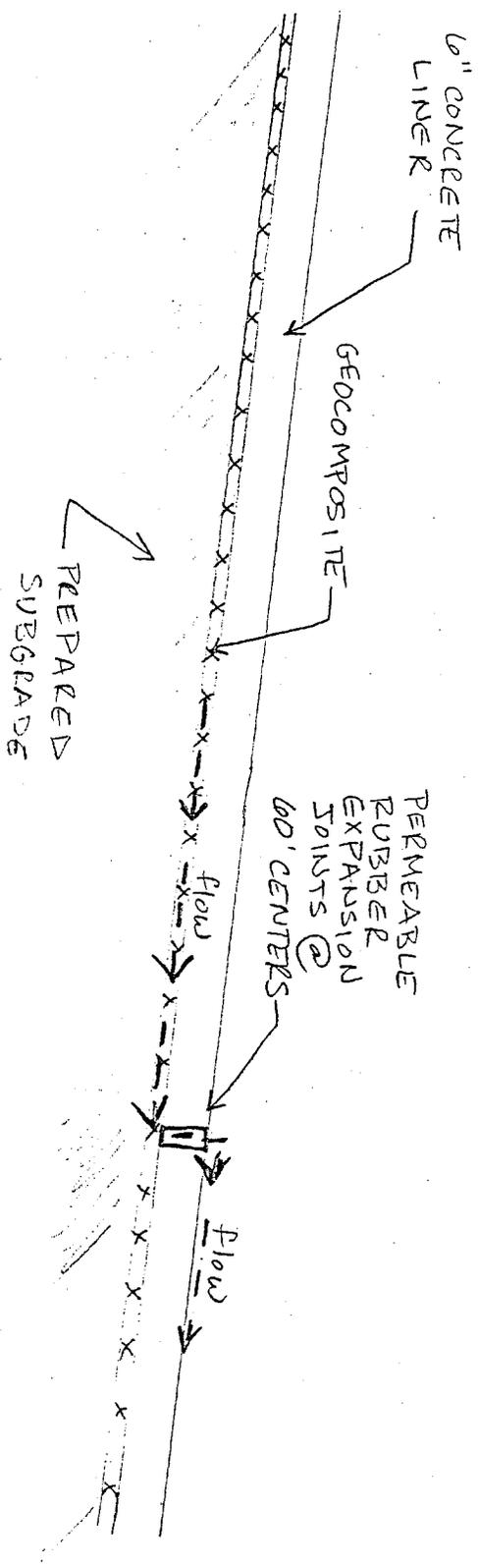


CLIENT/PROJECT 11th Street Ditch
BY M. Harris DATE 9-15-04
CHECKED BY _____ DATE _____

PAGE 1 OF 1
PROJECT NO. _____

DESCRIPTION Typical Ditch Profile - Not to Scale

CENTERLINE PROFILE OF DITCH



Flow moves through geocomposite and is relieved through permeable rubber joints. Flow continues as surface flow in the ditch.

APPENDIX D

PHOTOGRAPHS



Photo 1: Ditch segment B prior to remedial action. Photo looks west.



Photo 2: Ditch segment E prior to remedial action. Photo looks west.



Photo 3: Ditch segment C prior to remedial action. Photo looks east.



Photo 4: APCO ditch and ditch segment C prior to remedial action. Photo looks south.



Photo 5: Ditch segment D2 prior to remedial action. Photo looks southwest.



Photo 6: Ditch segment C1 and headwall with two 24-inch pipes prior to remedial action. Photo looks southeast.



Photo 7: Ditch segment F prior to remedial action. Photo looks east.



Photo 8: Ditch segment G prior to remedial action. Photo looks east.



Photo 9: Snow Creek prior to remedial action. Photo looks southeast.



Photo 10: Shotcrete application in the APCO ditch. Photo looks south.



Photo 11: Ditch segment C prior to installation of geocomposite. Signal relocation area shown on right. Photo looks west.



Photo 12: Geocomposite and wire mesh installation in ditch segment C. Photo looks east.



Photo 13: Geocomposite installation in ditch segment D2. Photo looks east.



Photo 14: Excavation within ditch segment F. Photo looks southwest.



Photo 15: Installed geocomposite and wire mesh within ditch segment F/G. Photo looks west.



Photo 16: Concrete installation in ditch segment F. Photo looks southwest.



Photo 17: Concrete installation in ditch segment F/G. Photo looks east.



Photo 18: Backfill and grading in ditch segment G. Photo looks southeast.



Photo 19: Installation of rip rap in Snow Creek. Photo looks southeast.



Photo 20: Shotcrete liner over rip rap in APCO ditch. Photo looks south.



Photo 21: Concrete liner in ditch segment B with rip rap at upstream edge. Photo looks east.



Photo 22: Concrete liner in ditch segment B (left) and ditch segment C (right). Photo looks east.



Photo 23: Rip rap installed in swale north of ditch segment B4. Photo looks north.



Photo 24: Gravel cover in ditch segment D1. Photo looks east.



Photo 25: Concrete liner in ditch segment C and regraded right-of-way. Photo looks west.



Photo 26: Concrete liner in ditch segment B (right) and ditch segment C (left). Regraded right-of-way in center of photo. Photo looks west.



Photo 27: Concrete and rip rap liner in ditch segment D2. Photo looks west.



Photo 28: Concrete liner in ditch segment D2. Photo looks east.



Photo 29: Concrete liner in ditch segment D4. Photo looks east.



Photo 30: Typical warning sign (located at Clydesdale Avenue). Photo looks east.



Photo 31: Gravel cover in ditch segment E1. Photo looks east.



Photo 32: Concrete liner in ditch segment F. Photo looks west.



Photo 33: Concrete liner in ditch segment G. Photo looks east.



Photo 34: Concrete liner in ditch segment G. Photo looks west.



Photo 35: Concrete liner in ditch segment G with typical warning sign at McDaniel Avenue. Photo looks east.



Photo 36: Concrete liner in ditch segment G. Photo looks east.



Photo 37: Concrete liner in ditch segment G in background and rip rap cover in Snow Creek in foreground. Photo looks west.

APPENDIX E
ACCESS AGREEMENT

ENVIRONMENTAL RIGHT OF ENTRY AND REMOVAL RESPONSE ACTION AGREEMENT

This Right of Entry and Removal Response Action Agreement ("Agreement") is made and entered into under Seal on this 10th day of December, 2003, by and between NORFOLK SOUTHERN RAILWAY COMPANY ("NSRC"), a Virginia corporation, and SOLUTIA INC. ("Solutia"), a Delaware corporation, and PHARMACIA CORPORATION (formerly known as Monsanto Company, "Pharmacia"), a Delaware Corporation.

WHEREAS, NSRC owns operating main line right of way located along the northern border of the Solutia (formerly Monsanto) facility in Anniston, Alabama, as more specifically identified on the attached Exhibit A (the "Property"); and

WHEREAS, the ditches running adjacent to the track and spur track on the Property over the years have received runoff from the Solutia (formerly Monsanto) facility; and

WHEREAS, environmental investigations conducted by Solutia under the direction of the U.S. Environmental Protection Agency ("EPA") have detected PCBs at varying levels on or beneath portions of the Property, and more specifically a designated portion of the ditch of approximately 9,560 linear feet (total) and extending on either side of the Property from 2,100 linear feet west of NSRC Mile Post 736.6 to 2,500 linear feet east of same, with the ditch generally flowing from west to east and terminating at Snow Creek, as indicated on the attached drawing marked as Exhibit A; and

WHEREAS Solutia, pursuant to an Administrative Order on Consent, effective date October 5, 2001, has submitted to the EPA a Removal Response Action Work Plan ("Work Plan") for the 11th Street Ditch, including the aforementioned portions of the Property impacted by PCBs, dated July 9, 2001, and approved by the EPA on April 4, 2002, and Technical Specifications dated May 14, 2003, for EPA's review describing Removal Response Actions to address the impact of PCBs, which Work Plan and Technical Specifications are incorporated herein by reference as Exhibits B and C, respectively; and

WHEREAS Solutia/Pharmacia, without admitting any liability, has agreed to delineate the extent of, and to remediate, certain PCB contamination in accordance with the requirements of the Administrative Order on Consent, effective date October 5, 2001, and the Partial Consent Decree entered August 4, 2003 (United States v. Pharmacia Corp., N. D. Ala., No. CV02PT749 E), NSRC agrees to grant Solutia/Pharmacia access to the Property for purpose of conducting the Removal Response Actions described in the aforementioned Work Plan and Technical Specifications and the following Scope of Work (Exhibit D), in accordance with NSRC's concurrence as to the measures to be implemented.

NOW, THEREFORE, in consideration of the mutual promises and obligations set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, NSRC and Solutia/Pharmacia

do hereby agree to the Environmental Right of Entry and Removal Response Action Agreement upon the following terms and conditions:

1. Access. NSRC specifically authorizes Solutia/Pharmacia and its authorized agents, representatives, and contractors to enter upon the Property to conduct all activities associated with the Removal Response Actions (hereinafter called the "Work") as described in the EPA-approved Work Plan and Technical Specifications (collectively referred to as the "Work Plans"), including, among other things, excavation of contaminated soils, and installation of various types of covers, including geotextile with granite ballast cover as well as polyethylene, shotcrete and full-depth grout over existing rip rap and implementation of a long-term operation and maintenance program necessary to comply with Solutia's obligations under the Work Plans to address PCBs, and as more fully described in Exhibit D (Scope of Work: Summary and Sequence of Work on Railroad Property"), subject to the conditions of this Agreement.

2. Solutia's Obligations.

a. All Work done hereunder shall be done at Solutia's/Pharmacia's sole expense. It is understood that flagging will be required for all Work conducted under this Agreement. Excavation work shall not be allowed any closer than eight (8) feet of the centerline of any track (commonly the toe of the ballast) without the prior written consent of NSRC's Chief Engineer Design and Construction Bill Duncan. The subballast extends fourteen (14) feet from the centerline of the track. No concreting Work can be done higher than 2.5 feet below the top of the rail. No drainage condition shall be created or allowed to exist that may be adverse to NSRC. The Work shall not interfere with the safe and proper support of NSRC's roadbed and track; this shall be a key priority of Solutia/Pharmacia. All Work done hereunder shall occur only during daylight hours at Anniston, Alabama unless otherwise agreed in writing by NSRC.

b. All Work done hereunder shall be performed by Solutia/Pharmacia with such care, diligence and cooperation of Solutia/Pharmacia and NSRC personnel as will avoid accident, damage or harm to persons or property and delays to or interference with operations of NSRC. If the Work is to be performed within 50 feet of railroad facilities, said Work shall be performed in accordance with (a) the latest American Railway Engineering and Maintenance Association Guidelines, by reference hereby made a part hereof; and (b) to the entire satisfaction of NSRC's Division Engineer or his duly authorized representative. The Work must be done in conformity with the Norfolk Southern Operating Guidelines for Contractors, effective November 1, 1998.

c. Solutia/Pharmacia agrees to reimburse NSRC within 60 days of receipt, upon bill rendered, for all actual, direct expenses (including NSRC's normal additives) incurred by NSRC, resulting from or in connection with any such special engineering studies (if any), field supervision from an engineering and environmental perspective, flagging protection or other services as NSRC may find necessary to perform in connection with the Work, including, but not limited to, overtime charges and travel and meal expenses. The services incurred by NSRC are expected to include a full time flagman and a full time outside consultant who will provide at the behest of NSRC engineering/environmental oversight of the Work being done on behalf of

Solutia/Pharmacia. After the start up of the Work by Solutia/Pharmacia, NSRC at its sole discretion may allow some Work to be conducted without the use of a flagman on a case by case basis and on a given day basis if the Work is done outside twenty-five feet of the center line of track but only with the written permission of NSRC's Division Engineer Brad Kerchof.

d. NSRC's Chief Engineer Design and Construction Bill Duncan at (404) 658-2250 shall be given notice not less than seventy-two (72) hours before Solutia/Pharmacia proposes to first enter upon NSRC's property to commence the excavation and construction phase of the Work hereunder. Solutia/Pharmacia will inform NSRC at least thirty (30) days prior to the commencement of construction activities, and will provide NSRC an estimate of project duration at that time. Solutia/Pharmacia understands that NSRC will require flagging for all Work done on the Property for the excavation and construction phase of the Work unless otherwise agreed to by NSRC in accordance with Article 2(c) above. Once the initial excavation and construction Work is completed, Solutia/Pharmacia must give NSRC's Division Engineer Brad Kerchof at (205) 951-4723 or his duly authorized representative not less than seventy-two (72) hours' notice in advance of each occasion Solutia/Pharmacia proposes to enter the Property to carry out its long-term operation and monitoring program. The Division Engineer will then decide in each case whether flagging will be necessary. Solutia/Pharmacia understands that additional time may be required if NSRC is to provide, at the desired time, any flagging which NSRC may deem as necessary under Article 2 (c) and (d). Solely for the purposes of this Agreement, said flagman will be acting for the exclusive benefit of Solutia/Pharmacia, and, as between the Parties, said flagman shall be the agent of Solutia/Pharmacia.

e. Solutia/Pharmacia or its contractor(s) shall secure, at its or their own expense, any permits or licenses required by federal, state, or local laws or ordinances and shall comply with all applicable laws, including, but not limited to, any laws, regulations, standards and permit requirements relating to environmental pollution or contamination or to occupational health and safety or railroad safety standards, including without limitation, those related to the Work hereunder. Solutia/Pharmacia shall indemnify and hold harmless NSRC from and against any and all claims arising out of or connected with the violation, by Solutia/Pharmacia, of any law, standard, regulation, or permit requirement during the course of the Work. The indemnity obligations imposed on Solutia/Pharmacia by this subparagraph shall be absolute and shall not be affected by the contributory negligence of NSRC or its officers, directors, agents or employees.

f. If any mechanics' or materialmen's liens, or similar lien, is asserted against the Property, or any other property of NSRC, as a result of the exercise of any license herein granted, Solutia/Pharmacia shall immediately satisfy, defend, or obtain the release of such lien, all at the expense of Solutia/Pharmacia, and Solutia/Pharmacia shall indemnify and hold harmless NSRC from and against any claims arising out of or connected with such lien.

g. Solutia/Pharmacia will conduct the Work in a manner to minimize interference with NSRC's operations. In addition, in event the Work interferes with or impairs any signal or communication systems already in place on the Property, Solutia/Pharmacia agrees to bear at its sole expense any costs incurred by the NSRC to remove and/or replace any signal or communication equipment in place.

h. As the Work progresses but in no event later than upon completion Solutia/Pharmacia will promptly restore the Property (including any property dan Solutia/Pharmacia) to the condition existing prior to the Work and shall leave it fi and holes in the ground resulting from the Work and in such condition as is reaso satisfactory to NSRC.

i. All soil, water, debris, spent supplies and other waste materials resulting from the Work are Solutia/Pharmacia's responsibility, and Solutia/Pharmacia will ensure that such materials and other residuals are handled, transported and disposed of in accordance with applicable law, regulations and procedures. No waste materials are to be stored on NSRC Property, unless properly containerized and removed from and staged off the Property at the end of each day. Solutia/Pharmacia agrees to operate and decontaminate its equipment so no contamination occurs on those areas of the Property not now contaminated.

j. The Work shall be performed in accordance with the standards practiced by reputable professionals in the environmental consulting, engineering and remediation disciplines and professions.

k. Solutia/Pharmacia will contact the relevant utility communication system(s) and locate any utilities on the Property prior to any invasive work on the Property.

l. Solutia/Pharmacia will provide NSRC with a copy of any correspondence or report submitted to any regulatory agency, including the EPA and the Alabama Department of Environmental Management, regarding the Work it conducts under the Work Plans and the Scope of Work on the Property.

3. Crossing of Track.

Solutia/Pharmacia has advised NSRC that it needs to traverse one crossing ("Crossing") of NSRC in the vicinity of Mile Post 736.61 that is not a public crossing. This Crossing is circled on Exhibit "A." With the exception of public grade crossings and notwithstanding any provision to the contrary, Solutia/Pharmacia agrees to the following terms and conditions to cross the foregoing tracks of NSRC with any vehicle or equipment. The type and weight of the equipment must be approved in advance by NSRC.

a. Solutia/Pharmacia must meet with NSRC's track supervisor at the site of the Crossing to determine what improvements must be done to the Crossing to ensure that Solutia's/Pharmacia's vehicles/equipment can move over the Crossing safely without damaging the track substructure or substructure or related drainage facilities and without creating any drainage conditions which would be adverse to NSRC's property. NSRC agrees to make the necessary improvements, including leveling the Crossing if determined needed, and to provide Solutia/Pharmacia a written estimate of performing such work. Solutia/Pharmacia agrees to reimburse NSRC on a time and material basis for the cost of performing this work upon 60 days

of receipt of a bill from NSRC therefor. NSRC shall endeavor to complete all necessary improvements, if needed, by September 30, 2003.

b. Solutia/Pharmacia shall meet with an authorized representative of NSRC's Superintendent office prior to commencement of the Crossing activity to receive instructions concerning NSRC's requirements for the safety and protection of the parties. Solutia/Pharmacia recognizes the Crossing currently cross over the switching lead to Solutia's facility and one train a day traverses over said lead into and out of Solutia's facility.

c. All Crossing activity, as the Work done elsewhere under this Agreement, will require a full time flagman (with possible overtime). Both NSRC's Division Superintendent of the Alabama Division Mel Crawley and NSRC's Division Engineer Brad Kerchof shall be given 72-hours notice prior to the first Crossing activity over the Crossing by calling (205) 951-4734 and (205) 951-4714, respectively. The advanced notification is required so NSRC can verify that the necessary arrangements have been made for flagman service.

d. All reasonable care shall be exercised and such precautions taken as the Superintendent of NSRC, or his authorized representative, may deem necessary to protect NSRC's facilities and operations. NSRC requires the use of a flagman for protection purposes during the Crossing activity hereunder, and Solutia/Pharmacia shall reimburse NSRC for its actual flagging costs (including the flagman's daily rate, the flagman's personal transportation mileage if he is using his or he own vehicle, the daily rate for NSRC truck use when a Company truck is used, the flagman's meal expenses plus other additives required by the applicable labor agreement.

e. Whenever the Crossing is in use by Solutia/Pharmacia, it shall be protected by a flagman to be furnished by NSRC for the benefit of Solutia/Pharmacia, and Solutia/Pharmacia agrees that the Crossing will not be used unless so protected. Solely for the purposes of this Agreement, said flagman will be acting for the exclusive benefit of Solutia/Pharmacia and not of NSRC, and as between the parties, such flagman will be the agent of Solutia/Pharmacia. In each instance when a vehicle or loaded truck approaches the Crossing, it shall come to a complete stop before coming to the tracks of NSRC (whether the same appears to be clear or not) and shall not proceed over said tracks of NSRC until the driver has ascertained that no train or other rail equipment of NSRC is approaching the Crossing and will further not cross said Crossing until authorized to do so in each instance by NSRC's flagman.

f. Solutia/Pharmacia agrees that NSRC's track shall not be blocked in any manner by Solutia/Pharmacia or by those using the Crossing under Solutia's/Pharmacia's direction, nor shall the use of said Crossing in any manner interfere with the free and uninterrupted use by NSRC of its right of way or railroad tracks.

g. Unless an emergency exists, NSRC agrees to endeavor not to block the Crossing with parked trains or otherwise (other than as it may be blocked by moving trains) during daylight hours.

h. Solutia/Pharmacia accepts the privilege hereby granted with full cognizance of the risk of loss of life, personal injury and property loss or damage that may be caused by railway operations at or in the vicinity of the Crossing and by the use of the Crossing by Solutia/Pharmacia. To that end, and notwithstanding anything to the contrary elsewhere in this Agreement, Solutia/Pharmacia hereby agrees to indemnify and save NSRC, its officers, agents and employees, for and against all liability, claims, expenses (including attorney fees) or costs for personal injuries (including death) and/or property damage to whosoever or whatsoever, occurring or arising in any manner from railway operations at or in the vicinity of the Crossing and by the use of the Crossing by Solutia/Pharmacia, its contractors and agents. The indemnity provisions imposed upon Solutia/Pharmacia shall be absolute and shall not be affected by the negligence, either primary or contributory, of NSRC, its officers, agents or employees. Solutia/Pharmacia is willing to assume this risk and covenants that the privilege hereby granted shall be used and enjoyed at the sole risk of Solutia/Pharmacia, and that NSRC shall not have any responsibility whatsoever for such loss, injury or damage.

Because of the forgoing risks, Solutia/Pharmacia shall secure and maintain during the life of this Agreement a policy of general liability insurance, containing contractual liability coverage, with a combined single limit of not less than \$2,000,000 per each occurrence for injury to or death to persons and damage to or loss or destruction of property. Such policy shall not provide for any exclusions from coverage by reason of the covered activities occurring within 50 feet of the Property. Said Certificate (which can be combined with those under Paragraph 4) shall be furnished to and accepted by NSRC's Risk Manager before any Crossing activity takes place. It is further agreed that the securing of any insurance in the coverages and amounts required above is not intended to and shall not reduce, limit, affect or modify the primary obligations and liabilities of Solutia/Pharmacia under this Agreement.

In addition to the foregoing, NSRC retains all its rights and causes of action against Solutia/Pharmacia for any loss, injury (including death) or damage, arising out of, in whole or in part, from railway operations at or in the vicinity of the Crossing and the use of the Crossing by Solutia/Pharmacia.

4. Insurance. No Work of any character shall be started on the Property until:

a. Certificates of Insurance, specifying that the policies are applicable to the particular work, have been furnished to and accepted by NSRC as evidence that Solutia/Pharmacia, its contractor(s) and subcontractor(s) maintain the following insurance coverages:

(i) Workers' Compensation Insurance in satisfaction of statutory requirements of the state where the property covered by this agreement is located. Also, Employers' Liability Insurance having limits of not less than \$500,000 each accident, \$500,000 per disease - policy limit, and \$500,000 per disease - each employee.

(ii) Comprehensive General Liability Insurance having a combined single limit of not less than \$2,000,000 per occurrence for all loss, damage, cost and expense, including attorney's fees, arising out of bodily injury, liability and property damage liability during the policy period. Such policy shall be endorsed to name NSRC as an additional insured and shall include a severability of interests provision. In addition, Licensee's policy shall be endorsed to reflect Contractual Liability Insurance specifically relating to the indemnity provisions of this agreement. Any exclusion for construction or demolition activities (including installing wells or bore holes, but not for work done by means of a hand augur) conducted within 50 feet of railroad tracks shall be deleted from Licensee's policy.

(iii) Automobile Liability Insurance having a combined single limit of not less than \$500,000 per occurrence. Said policy shall name NSRC as an additional insured and shall include a severability of interests provision.

b. NSRC has advised Solutia/Pharmacia that limits, form, and substance of insurance policies and certificates of insurance are satisfactory to NSRC. Said policies and certificates should be forwarded to Risk Manager, Norfolk Southern Corporation, Three Commercial Place, Norfolk, Virginia, 23510. The furnishing by Solutia/Pharmacia of such insurance and the acceptance of the same by NSRC is not intended to and shall not reduce, limit, affect or modify the primary obligations and liabilities of Solutia/Pharmacia under the other provisions of this agreement.

c. Authorized representatives of Solutia/Pharmacia have met with the Division Engineer or his duly authorized representative, Assistant Chief Engineer D.A. Becker, who can be reached at 404/658-2255, or his duly authorized representative and also NSRC's General Supervisor Communications and Signals Rocky Perkins, who can be reached at 205/ 951-4719, or his duly authorized representative to receive any instructions NSRC may have concerning the Solutia's/Pharmacia's activities on Property. Solutia/Pharmacia agrees to follow, at its expense, all such instructions, and in such manner as is satisfactory to NSRC.

d. All insurance described above shall be maintained until all Work contemplated hereunder has been satisfactorily completed. Insurance Companies may cancel or make significant changes in the insurance by permission of Solutia/Pharmacia and NSRC, or upon giving thirty (30) days written notice to Solutia/Pharmacia and NSRC of their intent to do so.

e. Solutia/Pharmacia represents to NSRC that Solutia/Pharmacia is self-insured for the coverages and the minimum amounts specified in Article 4(a) above, and Solutia/Pharmacia will provide NSRC prior to any entry written evidence satisfactory of such self-insurance. Notwithstanding the foregoing, any of Solutia's/Pharmacia's contractors and subcontractors will still be required to obtain the insurance coverage required by Article 4.

5. Indemnification and Release.

a. In consideration of NSRC granting its permission for the said purpose, Solutia/Pharmacia agrees to indemnify and hold NSRC and any other corporation associated, controlled by or under common control with NSRC and their officers, employees and agents, harmless from and against all costs, losses, claims, damages, or expenses, including attorneys' fees, arising out of any loss of life or personal injury or property loss or damage whatsoever which results from, accrues from, is connected to or is incidental to the undertakings of Solutia/Pharmacia hereunder.

b. Solutia/Pharmacia agrees that it is solely responsible for the conduct of the Work and the performance of obligations of Solutia/Pharmacia under this Agreement; will bear all costs and expenses thereof; and that NSRC does not have any responsibility or liability for the Work or for any losses, costs, expenses, liabilities, or damages arising out of or resulting therefrom. Solutia/Pharmacia further agrees that Solutia/Pharmacia will fully indemnify, defend and hold harmless NSRC, from and against any and all claims, suits, damages, liabilities judgments, fines, attorneys' fees, penalties, losses, costs or expenses arising out of, caused or claimed to arise out of or be caused by: (i) the Work or any other actions or omissions incidental to or associated with the activities authorized under this Agreement; or (ii) the breach of any covenant by Solutia/Pharmacia contained in this Agreement; or (iii) NSRC's successful enforcement of this indemnity.

6. Cleanup Standards. Solutia/Pharmacia agrees to clean up those portions of the Property addressed under the Scope of Work and in accordance with the EPA approved Removal Action Response Work Plan which provides for the following PCB levels: soils in the ditch line with PCBs above ten (10) parts per million (ppm) will be excavated and removed to protect against direct human contact exposure while soils and sediments greater than one (1) ppm will be covered in place to prevent further release to the environment. In the event a more stringent cleanup standard is required in the future, Solutia/Pharmacia agrees to undertake at its sole expense any additional remediation of the Property addressed under the Scope of Work and the EPA's Work Plan if so required by EPA.

7. Representation Regarding PCB Contamination. Solutia/Pharmacia hereby represent to NSRC that neither have any knowledge of any PCB contamination of railroad property other than which has been delineated in the course of their investigation of the Property under the EPA or State's auspices.

8. Land Disturbing Activities of NSRC and Solutia's/Pharmacia's Long-term Operation and Maintenance Obligations.

(a) Solutia/Pharmacia acknowledges that land disturbing activities, including without limitation, roadbed and track maintenance and installation of telecommunications lines and conduits, pipelines and /or other similar devices may be conducted by NSRC on its Property. Solutia/Pharmacia represents and warrants that, by virtue of the Work it has conducted on the

Property, railroad transportation and the other land disturbing activities enumerated above can be performed by or on behalf of NSRC in the future on the Property without the use or necessity of personal protective devices or measures due to the presence of residual PCB contamination on or beneath the Property. In the event personal protective devices or other measures, including the use of HAZWOPER trained workers, are required to carry out railroad maintenance or construction work on the Property where PCB contamination remains, Solutia/Pharmacia agrees that it will reimburse NSRC for all incremental costs associated with providing such additional protective measures.

(b) Solutia/Pharmacia understands that railroad maintenance work will ordinarily be done in areas of soil overlain with serviceable railroad track on top of ballast material, and will not extend deeper than two feet of the bottom of the ballast material. In the event any routine maintenance by NSRC is expected to penetrate any cover or protective device installed by Solutia/Pharmacia, NSRC will give Solutia/Pharmacia three days business notice of any such needed activity. Solutia/Pharmacia also recognizes that land disturbing activities arising out of emergencies, accidents, derailments or other conditions in which NSRC is required to take action to protect the public health and safety and the environment may result in damage to or require the penetration and temporary removal of liners, covers or other remedial devices installed by Solutia/Pharmacia. In such event, NSRC will notify Solutia/Pharmacia orally or as soon as possible (with follow up notice in writing), and Solutia/Pharmacia will be responsible for any work and associated costs to replace any such liners, cover or other devices. NSRC shall not be liable for the disturbance of any liner, cover or similar remedial device installed on the Property as part of the implementation of the Work under the Work Plans, including any work required to repair, maintain or replace any part of the liner, cover or similar device ("Repair Work").

(c) Solutia/Pharmacia shall undertake periodic inspection of the Work it has implemented under this Agreement on the Property. Solutia/Pharmacia shall be solely responsible for any Repair Work, regardless of causation, and shall undertake any such necessary work in a timely fashion and at Solutia's/Pharmacia's sole expense. Solutia/Pharmacia shall indemnify and hold NSRC harmless from and against all costs, losses, claims, damages or expenses which results from the presence of a liner, cover or other similar remedial device placed on the Property pursuant to the Work Plans and Scope of Work, including, but not limited to, any damage to the Property, track bed or track, resulting from improper drainage or water directed onto the Property as a result of Work performed by or at the direction of Solutia/Pharmacia.

(d) Upon completion of the Work on the Property, Solutia/Pharmacia shall install and maintain a sign of appropriate size and content to inform the employees, contractors, representatives and agents of NSRC of the presence of a liner, cover or other similar device. Such sign shall also provide contact and phone number for both Solutia/Pharmacia and NSRC. Solutia/Pharmacia shall inspect the sign on an annual basis and make any repairs (including replacement) in a timely fashion. Solutia/Pharmacia must secure NSRC's approval of each location of the sign on the Property to avoid clearance and other safety problems.

(e) Notwithstanding anything to the contrary in the foregoing provisions of Paragraph 8, it is agreed by the parties that Solutia/Pharmacia will not be liable for costs and expenses for any damage to NSRC's tracks caused solely by the negligence of NSRC.

9. Reservation of Rights. Nothing in this Agreement shall be construed as constituting a release or waiver by NSRC against Solutia/Pharmacia under any federal or state law or under common law for any PCB contamination that is or has been present on the railroad right of way that is associated with alleged releases from prior manufacturing operations or waste disposal practices of Solutia and its predecessors.

10. Use of Terms. Where appropriate, the terms when used in the Right of Entry shall be understood to indicate the masculine, feminine or neuter, and the singular or plural, as the case may be. The word "NSRC" shall include NSRC's officers, agents and employees, contractors, subcontractors or suppliers and their employees or invitees, and any parents, subsidiary, or affiliate of NSRC and their officers, agents and employees. The term "Solutia/Pharmacia" shall include Solutia's/Pharmacia's officers, agents and employees, contractors, subcontractors or suppliers and their employees or invitees, and any parents, subsidiary, or affiliate of Solutia/Pharmacia and their officers.

11. Notices. All notices, certificates, or other communications hereunder will be sufficiently given and will be deemed given when delivered by hand, courier or registered or certified mail, postage prepaid, addressed as follows:

If to NSRC: A. Gayle Jordan, Esq.
Norfolk Southern Corporation – Law Dept.
Three Commercial Place
Norfolk, VA 23510-2191

If to Solutia/Pharmacia: Craig R. Branchfield
Manager, Remedial projects
Solutia Inc.
702 Clydesdale Avenue
Anniston, Alabama 36201

With a copy to:

Cathleen S. Bumb
Assistant General Counsel – Environmental
Solutia Inc.
575 Maryville Centre Drive
St. Louis, MO 63141

NSRC and Solutia/Pharmacia may designate any further or different addresses to which subsequent notices, certificates or other communications will be sent.

12. Miscellaneous.

a. Facsimile as Writing. The parties expressly acknowledge and agree that, notwithstanding any statutory or decisional law to the contrary, the printed product of a facsimile transmittal will be deemed to be "written" and a "writing" for all purposes of this Agreement.

b. Assignment. The rights of the parties under this Agreement are personal and may not be assigned without the prior written consent of the parties hereto. Subject to the foregoing, this Agreement will be binding upon and enforceable against, and will inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and permitted assigns.

c. Headings. The use of headings, captions, and numbers in this Agreement is solely for the convenience of identifying and indexing the various provisions in this Agreement and will in no event be considered otherwise in consulting or interpreting any provision in this Agreement.

d. Severability. If any term, covenant, condition or provision of this Agreement, or the application thereof, to any person or circumstance, is held for any reason to be invalid or unenforceable, then in each such event the remainder of this Agreement or the application of such term, covenant, condition or provision to any other person or any other circumstances (other than those to which it will be invalid or unenforceable) will not be hereby affected and each term, covenant and provision hereof will remain valid and enforceable to the fullest extent permitted by law.

e. Conflict. If there is a conflict between the terms of another contract or agreement and this Environmental Right of Entry and Removal Response Action Agreement concerning the Property, Solutia/Pharmacia and NSRC agree that the terms and conditions of this Agreement shall control.

f. Non-waiver. Failure by any party to complain of any action, non-action or breach of any other party will not constitute a waiver of any aggrieved party's rights hereunder. Waiver by any party of any right arising from any breach of any other party will not constitute a waiver of any other right arising from a subsequent breach of the same obligation of for any other default, past, present or future.

g. Exhibits. Each and every exhibit referred to or otherwise mentioned in this Agreement is and will be construed to be made a part of this Agreement by such reference.

h. Applicable Law. This Agreement will be governed by, construed under and interpreted and enforced in accordance with the laws of the State of Alabama.

i. Entire Agreement. This Agreement contains the entire agreement of the parties with respect to the subject matter hereof and all representations, warranties, inducements, promises or agreements, oral or otherwise, between the parties not embodied in this Agreement will be of no force or effect.

j. Modifications. This Agreement will not be modified or amended in any respect except by written agreement by the parties in the same manner as this Agreement is executed.

k. Counterparts. This Agreement may be executed in several counterparts, each of which will be deemed an original, and all such counterparts together will constitute one and the same instrument.

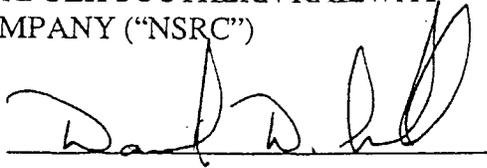
l. Authority. Each party hereto warrants and represents that such party has full and complete authority to enter into this Agreement and each person executing this Agreement on behalf of a party warrants and represents that he has been fully authorized to execute this Agreement on behalf of such party and that such party is bound by the signature of such representative.

13. Effective Date. The effective date of this Agreement shall be the date that all parties to this Agreement have affixed their signature hereto.

14. Termination Date. This Agreement may be terminated at will by the NSRC or Solutia/Pharmacia on five (5) days' written notice to the other party, and this Agreement shall terminate automatically one hundred (100) years from the date of this Agreement provided, however, that termination shall not relieve Solutia/Pharmacia, or its contractors, of any obligation or liability incurred prior to such termination, including the obligation to maintain, repair and replace any coverings installed by Solutia/Pharmacia to contain and prevent worker exposure to residual PCB contamination.

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed as of the day and year first written above.

NORFOLK SOUTHERN RAILWAY
COMPANY ("NSRC")

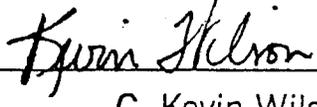
By:  _____

Name: Danny D. Smith

Title: Vice President

SEAL

SOLUTIA INC. ("SOLUTIA")

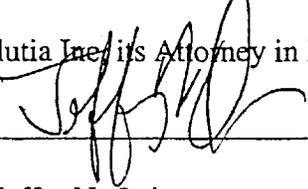
By: Kevin Wilson  

Name: C. Kevin Wilson
~~Vice President and Treasurer~~
Title: Solutia Inc.

SEAL

PHARMACIA CORPORATION ("PHARMACIA")

By: Solutia Inc. its Attorney in Fact

By: Jeffrey N. Quinn  

Name: Jeffrey N. Quinn
Title: Senior Vice President, Secretary and General Counsel

SEAL

(ALAGRS//solutia.agr)

APPENDIX F

NON-TSCA WASTE MANIFESTS



NON-HAZARDOUS MANIFEST

PO# 4508675522

103380

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|---|--|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 004019048 | | Manifest Document No. 553116 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055316 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treated or Stabilized Landfill 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. Type | | | I. Misc. Comments |
| WM Profile # CF6486 | | | | PM 01 | | 20 | Miller Property |
| b. | | | | | | | 107725 Box # |
| c. | | | | | | | WEIGHT 140 & OUT |
| d. | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Disposal Location | | | |
| Landfill _____ Solidification _____ | | | | Cell _____ Level _____ | | | |
| Bio Remediation _____ | | | | Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: <i>Donn Williams 601-807-1187</i> | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "on behalf of" <i>D.W. Williams</i> "Monsanto" | | Month Day Year 08/12/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature <i>Kevin Samples</i> | | Month Day Year 08/12/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator; Certification of receipt of non-hazardous materials covered by this manifest. | | | | Signature <i>Donn Williams</i> | | Month Day Year 08/12/04 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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PO 4508675522

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| | | | | | | | |
|--|--|--|--|--|--|--|-----------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 55318 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 1055318 | | | |
| 4. Generator's Phone 256 231-8483 Attn: Donn Williams | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address PIEDMONT REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt/Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | CM 01 | | 20 | Misc. Comments Miller Property |
| b. WM Profile # | | | | | | 15.54 tons | Box # 107774 |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: Donn Williams 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name Donn Williams | | | | Signature "On behalf of" [Signature] "MONSANTO" | | Month Day Year 11/16/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Kevin Samples | | | | Signature [Signature] | | Month Day Year 11/16/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name [Name] | | | | Signature [Signature] | | Month Day Year 11/16/04 | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sherry Jackson | | | | | | | |
| Signature [Signature] | | | | Month Day Year 11/16/04 | | | |



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0000401904855317 | | Manifest Document No. 117 | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055317 | | | | |
| 4. Generator's Phone 256 231-8483 Attn: Don Williams | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name Taylor Corp. | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD E PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | CM 01 | | 20 | | Miller Property |
| b. | | | | | | 14.78 | | 10/1/76 Box # |
| c. | | | | | | | | |
| d. | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: Don Williams 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature On Behalf of "MMSMTO" | | Month Day Year 11 01 80 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |



NON-HAZARDOUS MANIFEST

PO 4508475522

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 4508475522 | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 4508475522 | | B. State Generator's ID | |
| 4. Generator's Phone | | 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address LANDFILL PEARS COUNTY ROAD E BIRMINGHAM, AL 35202 | | 10. US EPA ID Number | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | No. Type | | 15. Misc. Comments | | | |
| WM Profile # | | 101 01 | | 120 1 | | 11 street ditch | |
| b. WM Profile # | | | | 1155-1700 | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Disposal Location | | | |
| Landfill _____ Solidification _____ | | | | Cell _____ Level _____ | | | |
| Bio Remediation _____ | | | | Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: <i>Don Williams</i> 601 307 1197 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature (On behalf of) <i>Don Williams</i> | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|---|---|--|--|-----------------------|----------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 0110004010040 | | Manifest Document No. 531709 | | 2. Page 1 of | | | |
| 3. Generator's Name and Mailing Address 702 GUYDENHILL AVE. ANNISTON, AL 36807-5300 | | | | A. Manifest Number WMNA 0055409 | | | | | |
| 4. Generator's Phone 205 831-9443 | | | | B. State Generator's ID | | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL STARS COUNTY LANDFILL MCDONALD, AL 36278 | | 10. US EPA ID Number | | E. State Transporter's ID | | | | | |
| | | | | F. Transporter's Phone | | | | | |
| | | | | G. State Facility's ID | | | | | |
| | | | | H. Facility's Phone 205/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. | 15. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # _____ | | | | | | 12 | 91 | 8000 | 1150 Gall Ditch |
| b. _____ WM Profile # _____ | | | | | | | | | 11790 |
| c. _____ WM Profile # _____ | | | | | | | | | |
| d. _____ WM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | EMERGENCY CONTACT: <i>Don W. Williams</i> 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | Signature "On behalf of" <i>Don Williams</i> | | | Month Day Year ____/____/____ | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name <i>Kevin</i> | | | Signature <i>Kevin</i> | | | Month Day Year ____/____/____ | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | Signature | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name <i>Sharon</i> | | | Signature <i>Sharon</i> | | | Month Day Year ____/____/____ | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|------------------|-------------------|--|-----------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 01 L D 0 2 4 2 1 7 9 1 9 5 3 1 5 | | Manifest Document No. | | 2. Page 1 of | | | | |
| 3. Generator's Name and Mailing Address 792 CLYDEBOLL AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 4508675522 | | | | | | |
| 4. Generator's Phone 205 831 3483 ATTN: DANN WILLIAMS | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name VALTAP CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2995 COUNTY ROAD 6 STEMMONT, AL 36210 | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments | | |
| | | | | No. | | Type | | | | |
| | | | | a. SOLIDIFIED WASTE 200 PIG STARTS | | 9M 9L | | 200 CY | | Miller Property |
| | | | | b. WM Profile # | | | | | | BOY # 107773 |
| | | | | c. WM Profile # | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DANN WILLIAMS 601-807-1187 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | Signature "On behalf of" DANN WILLIAMS | | Month Day Year | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

78770

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 4508675522

| | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--------------------|----------------|-------------------|--|-------------------|--|------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 010004819048557 | | Manifest Document No. 78770 | | 2. Page 1 of 1 | | | | | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36801-0390 | | | | A. Manifest Number WMNA 0555407 | | | | | | | | | | | |
| 4. Generator's Phone | | | | B. State Generator's ID | | | | | | | | | | | |
| 5. Transporter 1 Company Name <i>Taxin Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1500 | | | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 9. Designated Facility Name and Site Address DISPOSAL LANDFILL 13020000000000 MEDFORD, AL 36802 | | | | 10. US EPA ID Number | | G. State Facility's ID | | | | | | | | | |
| | | | | | | H. Facility's Phone 256-447-1631 | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Misc. Comments | | | |
| | | | | | | a. 10 CONTAMINATED SOIL AND DEBRIS | | No. Type | | Quantity | | Unit Wt./Vol. | | Misc. Comments | |
| | | | | | | WM Profile # | | 10 200 | | 200 | | CY | | 11 Sheet Arch | |
| | | | | | | b. WM Profile # | | | | | | | | COH # 10773 | |
| | | | | | | c. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: <i>Don Williams</i> 601-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | | | Signature / On behalf of <i>Don Williams</i> | | | Month Day Year | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | | | |



NON-HAZARDOUS MANIFEST

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4508675522

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|--|--|--|-----------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 01000401000155705 | | Manifest Document No. | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address 702 CLYDEDALE AVE. ANNISTON, AL 36201-5396 | | | | A. Manifest Number WMNA 33485 | | | |
| 4. Generator's Phone 256 231-5481 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Tyler Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256 725-1300 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address AL LANDFILL 8285 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100205000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/497-1801 | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. Type | | | I. Misc. Comments |
| WM Profile # 01005 | | | | 101 | | 20 | 04 11 Steel Witch. |
| b. | | | | | | 22 12 | T... |
| c. | | | | | | | |
| d. | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name _____ | | | | Signature _____ | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name _____ | | | | Signature _____ | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name _____ Signature _____ Month Day Year | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

4508475522

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|--|--|--|--|--|--|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 4508475522 | | Manifest Document No. 1514816 | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address 742 OLYMPIAN AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 18055406 | | | |
| 4. Generator's Phone 256 331-3103 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Tejler Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1500 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address LANDFILL P.O. BOX 1000 PINEBLUFF, AL 36272 | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256-447-1331 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. 25 CONTAMINATED OIL AND DEBRIS WM Profile # | | | | No. Type 1 PM 01 | | 25 | CY |
| b. WM Profile # | | | | | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams</i> 256-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>Don Williams</i> "Monsanto" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

11/15/83 541000

30 4508675522

| | | | | | | | | | |
|--|--|--|--|--|--|--|-------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 354104 | | 2. Page 1 of | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055404 | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | 1. Misc. Comments | |
| | | | | No. Type | | | | | |
| | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | 115 haef Witch |
| | | | | WM Profile # CFE480 | | 21 | 20 | ey | |
| | | | | b. WM Profile # | | | | | 107776 |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>Don Williams "Monsanto"</i> | | Month Day Year <i>11/15/83</i> | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Wayne Nolan</i> | | | | Signature <i>Wayne Nolan</i> | | Month Day Year <i>11/15/83</i> | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Sherry D. King</i> | | | | | | | | | |
| | | | | Signature <i>Sherry D. King</i> | | Month Day Year <i>11/15/83</i> | | | |



NON-HAZARDOUS MANIFEST

4508675522 MACK / 01380

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|--|--|----------------------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL000401904855110 | | Manifest Document No. | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 05510055410 | | | |
| 4. Generator's Phone 256 831-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | | |
| 9. Designated Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100203000000 | | E. State Transporter's ID | | | |
| | | | | F. Transporter's Phone | | | |
| | | | | G. State Facility's ID | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit (Wt./Vol) |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. Type | | | I. Misc. Comments |
| WM Profile # 056488 | | | | CM 01 | | 20 CY | 11 street ditch |
| b. WM Profile # | | | | | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Disposal Location | | | |
| Landfill _____ Solidification _____ | | | | Cell _____ Level _____ | | | |
| Bio Remediation _____ | | | | Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>Williams Monsanto</i> | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name <i>Kevin...</i> | | | | Signature <i>Kevin...</i> | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name <i>James...</i> | | | | Signature <i>James...</i> | | Month Day Year <i>2004...</i> | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

450865522 MACK2 / 30100

| | | | | | | | | |
|--|--|--|--|--|--|--|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD000401904855413 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 0004055413 | | | | |
| 4. Generator's Phone 256 231-2483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | 1. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFC469 | | | | 21 01 | | 20 | CY | 11 Street Ditch |
| b. WM Profile # | | | | | | 001 | | |
| c. WM Profile # | | | | WICKS, ALA | | 111 | | 1 CELL |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: <i>Don Williams</i> 1-601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature, "On behalf of" <i>Don Williams</i> "ANNISTON" | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature <i>William</i> | | | | |
| Printed/Typed Name <i>William</i> | | | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | | | |
| Printed/Typed Name | | | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name <i>William</i> | | | | Signature <i>William</i> | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

4508475522

MO / 77960

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|---------------------------|------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. 55412 | | 2. Page 1 of | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055412 | | | | |
| 4. Generator's Phone 256 231-2483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36278 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | |
| | | | | F. Transporter's Phone | | | | |
| | | | | G. State Facility's ID | | | | |
| | | | | H. Facility's Phone 206/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. Type | | | | |
| WM Profile # | | | | CFE480 | | 20 | CY | 11 Street Ditch |
| b. WM Profile # | | | | | | 23 | Y | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: <i>Donn Williams 601-8074187</i> | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name <i>Donn Williams</i> | | Signature "On behalf of" <i>Williams Monsanto</i> | | Month Day Year 10/1/91 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name <i>Williams</i> | | Signature <i>Williams</i> | | Month Day Year 10/2/91 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name <i>David G...</i> | | Signature <i>David G...</i> | | Month Day Year 10/1/91 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

4508675522

INACK 2 / 46300

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|--|-----------------------|-----------------------------------|----------------------------|--|--|--|--|---------------------------------|--|--|--|-----------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Department No. 53411 | | 2. Page 1 of 1 | | | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055411 | | | | | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone <i>256-835-1800</i> | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200900000 | | G. State Facility's ID | | | | | | | | | | | | | |
| | | | | H. Facility's Phone <i>256/447-1001</i> | | | | | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total | 14. Unit | 15. Misc. Comments | | | | | | | | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # <i>CF6402</i> | | | | | | No. <i>CM 01</i> | Quantity <i>20 cy</i> | Wt./Vol. | <i>11 Street Ditch</i> | | | | | | | | | | |
| b. WM Profile # | | | | | | | | | <i>1497</i> | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>[Signature]</i> "Monsanto" | | | | Month Day Year <i>10-15-87</i> | | | | | | | | | | | |
| TRANSPORTER | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William Hester</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year <i>10-15-87</i> | |
| | | | | | | | | | | 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William Hester</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> GARDNER | | | | Signature <i>[Signature]</i> | | | | Month Day Year <i>10-15-87</i> | | | | | | | | | | | |
| FACILITY | | | | | | | | | | | | | | | | | | | |



NON-HAZARDOUS MANIFEST

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|---|--|--|--|--|--|-------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-8390 | | | | A. Manifest Number WMNA 10055398 | | | |
| 4. Generator's Phone 256 231-8493 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Taylor Impaction</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-2351800 | | | |
| 9. Treated Each Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | |
| 11. Description of Waste Materials a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | 12. Containers No. Type 1 01 | | 13. Total Quantity 20 Py | |
| | | | | | | 14. Unit Wt./Vol. 115 keel | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. Printed/Typed Name: <i>Don Williams</i> Signature: <i>Don Williams</i> "Williams" Month Day Year: _____ | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--------------------------------------|--|---------------------------|----------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004013048 | Manifest Document No. | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10055393 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | 5. Transporter 1 Company Name | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone | G. State Facility's ID |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | 10. US EPA ID Number 100200000000 | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS480 | | CM 01 | 70 | 11 sheet |
| b. WM Profile # | | | 13.24 | |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: Donn Williams 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name Donn Williams | | Signature on behalf of <i>Donn Williams</i> "Monsanto" | | Month Day Year 11 17 21 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William Hester | | Signature <i>William Hester</i> | | Month Day Year 11 17 21 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name William Hester | | | | |
| Signature <i>William Hester</i> | | Month Day Year 11 17 21 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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|--|--|--|--|--|--|-------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019043 | | Manifest Document No. 553714 | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055394 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | |
| 11. Description of Waste Materials a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | 12. Containers No. Type 20 gal | | 13. Total Quantity 20 gal | | 14. Unit Wt./Vol. # | |
| b. WM Profile # | | c. WM Profile # | | d. WM Profile # | | I. Misc. Comments 1/5 Spec | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | DONN WILLIAMS | | | |
| Purchase Order # _____ | | | | EMERGENCY CONTACT: _____ | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name Donn Williams | | | | Signature [Signature] | | On behalf of "Monsanto" | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William Hector | | | | Signature [Signature] | | Month Day Year 10/27/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name [Signature] | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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|--|--|--|--|--|--|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 55375 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5300 | | | | A. Manifest Number WMNA 055395 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treated Facility Name and Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 205/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 076408 | | | | 1 CM 01 | | 20 cy | 115 steel |
| b. WM Profile # | | | | | | 8.86 | 126549 |
| c. WM Profile # | | | | | | | 4500 |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: Donn Williams 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name Donn Williams | | | | Signature [Signature] | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Ken McClintock | | | | Signature [Signature] | | Month Day Year 07/20/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name [Signature] | | | | | | | |

GENERATOR

TRANSPORTER



NON-HAZARDOUS MANIFEST

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|--|--|---|--|--|--|-------------------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 153347 | | 2. Page 1 of | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055397 | | B. State Generator's ID | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name <i>Texco Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | E. State Transporter's ID | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1081 | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490 | | | | 1 CM 01 | | 20 M | | 11 sheets |
| b. WM Profile # | | | | | | 13.50 | | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Donn Williams 601-807-1187</i> | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name <i>Donn Williams</i> | | Signature/On behalf of <i>Donn Williams</i> | | Month Day Year | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William</i> | | Signature <i>William</i> | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Donn Williams</i> | | | | | | | | |
| Signature <i>Donn Williams</i> | | Month Day Year | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. 553716 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 100540355396 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1810 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address DEBATED FERTILIZER (GENERAL) LANDFILL 2295 COUNTY ROAD 8 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | | 1 Drum | | 210 | kg |
| b. WM Profile # | | | | | | 17.84 | TONS |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED <i>Down Williams</i> <i>601-807-1187</i> | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Down Williams</i> | | | | Signature/On behalf of <i>[Signature]</i> | | Month Day Year ____/____/____ | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature <i>[Signature]</i> | | Month Day Year ____/____/____ | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | Month Day Year ____/____/____ | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

P.O. 4508675522

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|--|--|---|--|--|--|--|--------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD00401904855402 | | Manifest Document No. 12055402 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 782 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 12055402 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | |
| 5. Transporter 1 Company Name Taylor Corporation | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | |
| 9. Designated Facility Name and Street Address ALABAMA LANDFILL 2205 COUNTY ROAD E PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 205/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | No. Type PM 01 | | 20 Py | I. Misc. Comments 11 Street |
| b. WM Profile # | | | | | | 11 BINS | Tons |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" [Signature] "MANIFEST" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name: MERRY JOYNER Signature: [Signature] Month Day Year | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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|--|---------------------|--|------------------------------|-------------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048153403 | Manifest Department No. 3 | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10055403 | | |
| 4. Generator's Phone 256 231-8483 | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | 6. US EPA ID Number | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | D. Transporter's Phone 256-835-1800 | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | E. State Transporter's ID | |
| | | F. Transporter's Phone | | G. State Facility's ID |
| | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | 1001 | 20 | kg 11 Strats |
| b. WM Profile # | | 11 | 14.27 | Tons |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>DONN WILLIAMS 601-807-1187</i> | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name <i>DONN WILLIAMS</i> | | Signature/On behalf of <i>D. Williams</i> "Williams and Co" | | Month Day Year 6 17 2007 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i> | | Signature <i>[Signature]</i> | | Month Day Year 6 17 2007 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator; Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>[Signature]</i> | | | | |
| | | Signature <i>[Signature]</i> | | Month Day Year |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. 507701 | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 5544055401 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address TAYLOR CORPORATION HAZARDOUS WASTE TREATMENT AND STORAGE FACILITY 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 10020000000000 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFC400 | | | | MM 01 | | 20 | CY | 11 Street |
| b. WM Profile # | | | | | | 13.03 | Tons | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year <i>02 28 01</i> | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William</i> | | Signature <i>William</i> | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Dennis M. Olson</i> | | | | | | | | |
| Signature <i>Dennis M. Olson</i> | | Month Day Year <i>02 28 01</i> | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

111 / 63600

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|--|--|--|--|--|-------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 3 1 5 7 0 0 | | Manifest Document No. 10055400 | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055400 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-855-1800 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address INDUSTRIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | 15. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | | 1 | | 200Y | | 1/5 street |
| b. WM Profile # | | | | | | 1/4 Tons | | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Down Williams 401-807-1187</i> | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name <i>Down Williams</i> | | | | Signature "On behalf of" <i>D. Williams "Monsanto"</i> | | Month Day Year 10 3 97 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>W. H. H. H.</i> | | | | Signature <i>W. H. H. H.</i> | | Month Day Year 10 3 97 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>W. H. H. H.</i> | | | | Signature <i>W. H. H. H.</i> | | Month Day Year 10 3 97 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|-------------------------------|--|----------------------------|--|-----------------|--|----------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. 55370 | | 2. Page 1 of | | | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5300 | | | | A. Manifest Number WMNA 10055390 | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | | | | | | | | |
| 9. Treated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | | | | | | |
| | | | | F. Transporter's Phone | | | | | | | | | |
| | | | | G. State Facility's ID | | | | | | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt/Vol | | Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | | | | | 11 Speed | |
| WM Profile # CFE400 | | | | | | CM 01 | | 20 | | oz | | | |
| b. WM Profile # | | | | | | | | 15.19 | | Tons | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | Donn Williams 601-807-1187 | | | | | | | |
| Purchase Order # _____ | | | | | | EMERGENCY CONTACT: _____ | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: | | | | | | | | | | | | | |
| I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name <i>D. Williams</i> | | | | Signature "On behalf of" <i>Donn Williams</i> | | | | Month Day Year 11/18/97 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name <i>William</i> | | | | Signature <i>William</i> | | | | Month Day Year 11/18/97 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal | | | | | | | | | | | | | |
| I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name <i>Terry</i> | | | | Signature <i>Terry</i> | | | | Month Day Year 11/18/97 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

4508675322

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|-------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. 55311 | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 19055391 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-895-1800 | | E. State Transporter's ID | |
| 9. Treatment Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | No. Type 1 CM 01 | | 14. Unit Wt./Vol. 20 cy | |
| b. WM Profile # | | | | | | Misc. Comments 115 fuel | |
| c. WM Profile # | | | | | | 7415 | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: Don W. Williams 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name _____ | | | | Signature "On behalf of" _____ | | Month Day Year _____ | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | | Month Day Year _____ | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | | Month Day Year _____ | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name _____ | | | | Signature _____ | | Month Day Year _____ | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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| | | | | | | | |
|--|--|--|--|--|--|----------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 5 5 3 7 2 | | Manifest Document No. | | 2. Page 1 of | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 1055392 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Wagner</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | E. State Transporter's ID | | | |
| | | | | F. Transporter's Phone | | | |
| | | | | G. State Facility's ID | | | |
| | | | | H. Facility's Phone 256/447-1981 | | | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt/Vol | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | No. Type | | | | I. Misc. Comments | |
| WM Profile # CFB400 | | 1 CM 91 | | 20 CY | | 11 Street | |
| b. WM Profile # | | | | 16 CB TONS | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: <i>Don Williams</i> 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 10 11 11 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name <i>William</i> | | | | Signature <i>William</i> | | Month Day Year 10 11 11 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

lease print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. 55379 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055399 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-235-1600 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treatment Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 1 EMAL | | 70 CY | 11 SHEET |
| b. WM Profile # | | | | | | 16.56 | TANK |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Donn Williams 601-807-1187</i> | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Donn Williams</i> | | | | Signature/On behalf of <i>[Signature]</i> "Mason" 00 | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> 107776 | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Sherry Jackson</i> | | | | | | | |
| Signature <i>[Signature]</i> | | | | Month Day Year | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

161546

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. 51513814 | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 10055384 | B. State Generator's ID |
| 4. Generator's Phone 256 231-8403 | | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone 256 655 1600 |
| 5. Transporter 1 Company Name Taylor Corporation | | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number 100200000000 | G. State Facility's ID | H. Facility's Phone 256/447-1981 |
| 9. Transporter 2 Name and Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | |
| 11. Description of Waste Materials | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 9 | 117.0 | 94 |
| b. WM Profile # | | 1 | 18.6 | 3 |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON W. Williams 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DON W Williams | | Signature "On behalf of" | | Month Day Year 11/11/01 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William | | Signature | | Month Day Year 11/11/01 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Signature Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

68790

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|--|--|---|--|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 53387 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055389 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Taylor Corp. | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1500 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treatment Facility Name and Site Address 2203 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | CM 01 | | 30 | 0/4 |
| b. WM Profile # | | | | | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | K. Disposal Location | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: Down Williams 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name Down Williams | | Signature [Signature] | | On behalf of "Ministry" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name William Heiler | | Signature [Signature] | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name [Name] | | Signature [Signature] | | Month Day Year | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 52336 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNHISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 1055402055386 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | 1 CM 91 | | 120 cy | 115 shed |
| b. WM Profile # | | | | | | 16.86 | kws |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Donn Williams</i> 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Donn Williams</i> | | | | Signature "On behalf of" <i>Donn Williams</i> | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William Hester</i> | | | | Signature <i>William Hester</i> | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>William Hester</i> | | | | | | | |
| Signature <i>William Hester</i> | | | | Month Day Year 3/14/04 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

6800 30620

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|---------------------------------|--|--|--------------------|------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 66588 | | 2. Page 1 of 1 | | 4507675526 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055388 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | | | 8. US EPA ID Number | | D. Transporter's Phone 256-835-1800 | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | |
| GENERATOR | 11. Description of Waste Materials | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol | 1. Misc. Comments |
| | a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS480 | | | | | CM 01 | | 1120 | cy | 11 Sheet |
| | b. WM Profile # | | | | | | | 1719 | | |
| | c. WM Profile # | | | | | | | | | |
| | d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Down Williams 601-807-1187</i> | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name <i>Down Williams</i> | | | | Signature "On behalf of" <i>[Signature]</i> Monsanto | | | | Month Day Year | | |
| TRANSPORTER | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| | Printed/Typed Name <i>William Hester</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year | |
| | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| FACILITY | 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year | | |



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|--|--|--|--|--|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 5 5 3 8 5 | | 2. Page 1 of | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055385 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name <i>Taylor Corporation</i> | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PREDMONT LANDFILL 2805 COUNTY ROAD 6 PREDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments? |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490 | | | | cma | | 20 CY | | 115 sheet 107771 |
| b. WM Profile # | | | | | | | | 20 CY TMS |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <i>Don Williams 601-807-1187</i> | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature "On behalf of" <i>Don Williams "Illness"</i> | | Month Day Year 11/11/01 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name <i>Ben</i> | | | | Signature <i>Ben</i> | | Month Day Year 11/11/01 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 1 400 67430

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|--|---|--|-------------------|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 55116 | | 2. Page 1 of | | | |
| 3. Generator's Name and Mailing Address 702 CLYDEDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 12055376 | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256 835-1100 | | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | | |
| | | | | F. Transporter's Phone | | | | | |
| | | | | G. State Facility's ID | | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | No. Type | | | | | | 11 | |
| WM Profile # | | CF6400 CM ON | | 11111111 | | 11111111 | | 107769 | |
| b. WM Profile # | | | | | | 118207015 | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Disposal Location | | | | | |
| Landfill _____ Solidification _____ | | | | Cell _____ Level _____ | | | | | |
| Bio Remediation _____ | | | | Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: Down Williams 601-801-1127 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name Down Williams | | | | Signature D.W. Williams | | | | Month Day Year 11/1/94 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Lilly M. Hays | | | | Signature Lilly M. Hays | | | | Month Day Year 11/1/94 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|---|--|--|--|---------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD00401904853383 | | Manifest Document No. 10055383 | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055383 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256 855-1500 | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | |
| | | | | F. Transporter's Phone | | | | |
| | | | | G. State Facility's ID | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480 | | | | Qm Oil | | 3 1120 | CY | 115 |
| b. WM Profile # | | | | | | 1731 | TONS | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: 601-807-1187 DOW W. H. AND | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name Dow Williams | | | | Signature [Signature] | | Month Day Year 10/1/87 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name [Signature] | | | | Signature [Signature] | | Month Day Year 10/1/87 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature [Signature] | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name [Signature] | | | | | | | | |
| | | | | Signature [Signature] | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. DIS3115 | | 2. Page 1 of 1 | | 150067582 | |
| 3. Generator's Name and Mailing Address NONSAITE 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | 4. Generator's Phone 256 231-8483 | | A. Manifest Number WMNA 10055375 | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TNTS Corp. | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 205 375 2000 | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Treated Facility Name and Site Address PALE CORNERS TREATMENT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | Drum 01 | | 200 lbs | | | | 11 | |
| b. WM Profile # | | | | | | TONS | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: 601-801-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name Down Williams | | Signature On behalf of <i>[Signature]</i> | | Month Day Year 9 2 04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name William Foster | | Signature <i>[Signature]</i> | | Month Day Year 9 2 04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name Sherrill Tucker | | Signature <i>[Signature]</i> | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|-------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 5 5 3 8 0 | | 2. Page 1 of 1 | | 4509675502 | |
| 3. Generator's Name and Mailing Address NICHASANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10055380 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 5. Transporter 1 Company Name T-13 Corporation | | 8. US EPA ID Number | | D. Transporter's Phone 206 855 1100 | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | E. State Transporter's ID | | | |
| 9. Designated Facility Name and Site Address DEER CREEK WASTE TREATMENT PLANT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | No. Type | | Misc. Comments | | | |
| WM Profile # CF5400 | | 1 1 0 1 | | CY | | | |
| b. WM Profile # | | | | 19.65 TONS | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 256-231-8483 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name DONN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 10/01/99 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name William [unclear] | | Signature <i>[Signature]</i> | | Month Day Year 11/01/99 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name [unclear] | | Signature <i>[Signature]</i> | |
| | | | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

460 114C 2 74500

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|--|--|-------------------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. A L D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 53582 | | 2. Page 1 of 1 | | 450675522 | | |
| 3. Generator's Name and Mailing Address NON-SANTE 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 055382 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 835-1100 | | |
| 5. Transporter 1 Company Name | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6482 | | | | | | CM 01 | | 211.000 lbs | | 150 |
| b. WM Profile # | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: Donni Williams 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | Signature On behalf of | | | | Month Day Year 09/01/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name William Foster | | | | Signature William Foster | | | | Month Day Year 09/01/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherrod Tucker | | | | Signature | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|-------------------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 5 3 8 1 | | 2. Page 1 of 1 | | 4505675522 | | |
| 3. Generator's Name and Mailing Address MUNSAUTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055381 | | B. State Generator's ID | | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256 452 1800 | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 9. Treated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488 | | | | 1 | | 1 | 200Y | 11" |
| b. WM Profile # | | | | 1 | | 1 | FL. 1/9 TONS | |
| c. WM Profile # | | | | 1 | | 1 | | |
| d. WM Profile # | | | | 1 | | 1 | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: 601-807-1127 Down Williams | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature/On behalf of | | Month Day Year 07/01/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William Hester | | | | Signature | | Month Day Year 07/01/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Signature Month Day Year | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

601780

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|-------------------------------------|--|--------------------|----------------------------|-------------------|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675508 | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 055372055372 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | | | |
| 5. Transporter 1 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | E. State Transporter's ID | | | | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 205/447-1881 | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | | | | | | |
| WM Profile # | | | | | | 0F6400 | | | | | | | |
| b. | | | | | | | | 18.32 | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: Down... | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name Down... | | | | | | Signature "On behalf of" | | | Month Day Year 11/11/08 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Waste / 72766

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 5 5 2 1 0 | | 2. Page 1 of 40 967552 | |
| 3. Generator's Name and Mailing Address ANNISTON 782 CLYDESDALE AVE. ANNISTON, AL 36201-3398 | | | | A. Manifest Number WMNA 055370 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name T. J. ... | | 6. US EPA ID Number | |
| 6. US EPA ID Number | | | | C. State Transporter's ID | | D. Transporter's Phone 256 335-1000 | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | |
| 8. US EPA ID Number | | | | F. Transporter's Phone | | G. State Facility's ID | |
| 9. Designated Facility Name and State Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 1 | | 1 | |
| b. WM Profile # | | | | 2120 | | Misc. Comments 107772 | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: 256 231 1173 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name <i>Don ...</i> | | | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 01/22/99 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William ...</i> | | | | Signature <i>[Signature]</i> | | Month Day Year 01/22/99 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>[Signature]</i> | | | | | | | |
| Signature <i>[Signature]</i> | | | | Month Day Year 02/26/99 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

66460

| | | | | | | |
|--|--|--|--|--|----------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019049 | Manifest Document No. 1513178 | 2. Page 1 of 1 | 950 47537 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 055378055378 | | | |
| 4. Generator's Phone 256 231-8483 | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Taylor Corporation | | 6. US EPA ID Number | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256 231-8483 | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2305 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | |
| | | | | F. Transporter's Phone | | |
| | | | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1891 | | |
| 11. Description of Waste Materials | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6-26 | | 1 | CM | 11 | CY | 1000 Dirt |
| b. WM Profile # | | | | | | |
| c. WM Profile # | | | | | | |
| d. WM Profile # | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: 601-301-1147 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | |
| Printed/Typed Name Don Williams | | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 11 11 99 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William Taylor | | | Signature <i>[Signature]</i> | | Month Day Year 11 11 99 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Signature Month Day Year | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

McNair / 60300 30920

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|---------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD000401904853370 | | Manifest Document No. | | 2. Page 1 of 1 | | 450675522 | |
| 3. Generator's Name and Mailing Address <i>Entact</i> 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10055377 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | |
| 5. Transporter 1 Company Name | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address PIEDMONT REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 0F6400 | | GM 1 | | 1 | | 1 | | H. Facility's Phone 256/447-1861 | |
| b. WM Profile # | | | | 14.69 | | | | Misc. Comments H. Don 137775 | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: <i>601 301 1417</i> | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name <i>Donna Williams</i> | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name <i>Sly McNair</i> | | Signature <i>[Signature]</i> | | Month Day Year <i>10/21/94</i> | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name <i>[Name]</i> | | Signature <i>[Signature]</i> | | Month Day Year <i>[Date]</i> | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

McKlaire / 5360

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|--|--|---------------------------------|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4504675522 | |
| 3. Generator's Name and Mailing Address WISCONSIN 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA | | 05512055374 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | D. Transporter's Phone | | 256 231-8483 | |
| 9. Designated Facility Name and Site Address HIL LANDFILL 2205 COUNTY ROAD 6 FIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone | | 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | CFE400 | | 11 | | 20 | | 11/9/77 | |
| b. WM Profile # | | | | 11 5/1 | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: <i>Downhill</i> 256 846-1473 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name <i>Downhill</i> | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 11 9 77 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name <i>Billy McNeil</i> | | Signature <i>[Signature]</i> | | Month Day Year 11 12 77 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name <i>[Name]</i> | | Signature <i>[Signature]</i> | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

167260

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|--|-------------------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 35 0 7 0 | | 2. Page 1 of 1 | | 4507675522 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10055373 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name TIP TOP | | 6. US EPA ID Number | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone 256 855 1100 | | E. State Transporter's ID | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2805 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488 | | | | | | 9 M 01 | | 6 | 30 | 10792 / |
| b. WM Profile # | | | | | | | | 18.58 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: 756 946 4473 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name Dana Williams | | | | Signature "On behalf of" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name William Porter | | | | Signature | | | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name William Porter | | | | Signature | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

74980

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|----------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD904019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| | | 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10055369 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | |
| 5. Transporter 1 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone | |
| 9. Treated Facility Name and Site Address PIEDMONT, AL 36272 | | 11. Description of Waste Materials PCB CONTAMINATED SOIL AND DEBRIS | | 12. Containers No. Type | | 13. Total Quantity | |
| | | 14. Unit Wt./Vol. | | 1. Misc. Comments | | | |
| | | WM Profile # CFS400 | | | | 27909 | |
| | | WM Profile # | | | | 2333 | |
| | | WM Profile # | | | | | |
| | | WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: 256 231 1173 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name D. Williams | | | | Signature "On behalf of" <i>D. Williams</i> | | Month Day Year _ _ _ _ _ _ _ | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William 10318 | | | | Signature <i>William 10318</i> | | Month Day Year _ _ _ _ _ _ _ | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year _ _ _ _ _ _ _ | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | Month Day Year _ _ _ _ _ _ _ | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

74460

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|-------------------------------------|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 311 | | 2. Page 1 of 1 | | 4508675502 | |
| 3. Generator's Name and Mailing Address FREDMONT | | 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA | | 10055371 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name KAYTAN SUP | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | |
| 9. Registered Facility Name and Site Address TRAIL CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 FREDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | CF6400 | | 30 | | 30 | | 11/2/94 | |
| b. WM Profile # | | | | 2202 | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: 754 844 1473 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name Don Williams | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name William H. Lee | | Signature <i>[Signature]</i> | | Month Day Year | | 11/1/94 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name G. Williams | | Signature <i>[Signature]</i> | | Month Day Year 03/1/94 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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|--|--|--|--|---|--|---|--|--------------------|----------------------------|------------------|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 56249 | | 2. Page 1 of 1 | | 4508673500 | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5300 | | | | A. Manifest Number WMNA 56249 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | C. State Transporter's ID | | D. Transporter's Phone (256) 835 1880 | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | E. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | F. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | | | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | 1. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | | | | | 11 STREET | |
| WM Profile # | | | | | | CFC400 2 B L C M 2 B B P B | | 1711 T | | | | 37728 | |
| b. WM Profile # | | | | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DANN WILLIAMS 601-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | | | Signature "On behalf of" <i>D. Williams</i> "Monsanto" | | | Month Day Year 11 17 97 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name <i>Billy M. Hair</i> | | | | | | Signature <i>Billy M. Hair</i> | | | Month Day Year 11 17 97 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name <i>Sherry Jackson</i> | | | | | | Signature <i>Sherry Jackson</i> | | | Month Day Year 11 17 97 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|----------------|---|-------------------------|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. 1508675522 | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056253 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1880 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | No. Type | | | | 11 STREET |
| WM Profile # | | | 0 F 5 4 0 0 | | 3 0 1 0 3 0 0 0 0 0 0 0 | 70 | 107909 |
| b. | | | | | | | 1131 TUNIS |
| c. | | | | | | | |
| d. | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Disposal Location | | | |
| Landfill _____ Solidification _____ | | | | Cell _____ Level _____ | | | |
| Bio Remediation _____ | | | | Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-387-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 09/01/91 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name <i>William Taylor</i> | | Signature <i>William Taylor</i> | | Month Day Year | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name Sharon Tucker | | Signature <i>Sharon Tucker</i> | | Month Day Year 09/01/91 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

400 MAC2 61330

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | |
|--|--|--|----------------------|---|--|--|--|----------------------------|--|-------------------|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 150675577 | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10055368 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | 10. US EPA ID Number | | | E. State Transporter's ID | | | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 256/447-1801 | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | | | | |
| WM Profile # | | | | | | CF6400 | | | | | | | |
| b. | | | | | | | | 1543 | | Tons | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | Signature "On behalf of" [Signature] | | | | Month Day Year 09/09/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name William Hester | | | | Signature [Signature] | | | | Month Day Year 09/09/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Tucker | | | | Signature [Signature] | | | | Month Day Year 09/09/04 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

64560

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--------------------------------------|--|--|--|----------------------------|-----------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004013048 | | Manifest Document No. 156250 | | 2. Page 1 of 1 | | 4508675520 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 0056250 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1300 | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt/Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | | | 20 1 C 7 0 0 0 0 0 0 | | | | 11 STREET 10774 |
| b. WM Profile # | | | | | | | | 16 78 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "Donn Williams" "WMSMTO" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Sally H. Hoon | | | | Signature Sally H. Hoon | | | | Month Day Year 10/17/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | Signature Don Williams | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

7/1/00

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---------------------------------|--|----------------|--|----------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 3 0 4 8 | | Manifest Document No. 510255 | | 2. Page 1 of 1 | | 1517675522 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | A. Manifest Number WMNA 1517675522 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | | C. State Transporter's ID | | D. Transporter's Phone (256) 635-1000 | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | | 6. US EPA ID Number | | E. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | | | | 8. US EPA ID Number | | F. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | | |
| 11. Description of Waste Materials | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056420 | | | | | 2 | | 21.63 | | | 11 STREET |
| b. WM Profile # | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-897-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | Signature On behalf of <i>Don Williams</i> "Monsanto" | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William</i> | | | | | Signature <i>William</i> | | | Month Day Year | | 7/1/00 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator; Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Don Williams</i> | | | | | Signature <i>Don Williams</i> | | | Month Day Year | | 7/1/00 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

48700

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|--|---|--|---|--|-------------------------------------|------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0040190485 | | Manifest Document No. 51620 | | 2. Page 1 of 1 | | 4508675522 | | |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5350 | | | | A. Manifest Number WMNA 10056200 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1820 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | 1. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET |
| WM Profile # | | | | | | DFE428 | | 200 | 100 | 107714 |
| b. | | | | | | | | 18.82 | 100 | 100 |
| WM Profile # | | | | | | | | | | |
| c. | | | | | | | | | | |
| WM Profile # | | | | | | | | | | |
| d. | | | | | | | | | | |
| WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-867-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" Down Williams (Manager) | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Billy W. Hill | | | | Signature Billy W. Hill | | | | Month Day Year 09/07/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Dawn Williams | | | | Signature Dawn Williams | | | | Month Day Year 07/27/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

02800

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|-------------------------|--|----------------------------|--|-------------------|--|---------------------|--|-----------|--|-------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 56252 | | 2. Page 1 of 1 | | 4508675500 | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5398 | | | | | | A. Manifest Number WMNA 19056252 | | B. State Generator's ID | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | C. State Transporter's ID | | D. Transporter's Phone | | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | E 30 / 447-1881 | | | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit (Wt./Vol) | | I. Misc. Comments | | | | | | | |
| | | | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET | | | |
| | | | | | | WM Profile # | | | | | | DF6400 | | 3 0 1 0 3 0 0 0 0 0 | | 15.79 | | 19776 | |
| | | | | | | b. | | | | | | | | | | | | | |
| | | | | | | WM Profile # | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | | | | | | | |
| WM Profile # | | | | | | | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | | | | | | | |
| WM Profile # | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.* | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | | | Signature "On behalf of" "Monsanto" | | | | Month Day Year | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Slyvia | | | | | | Signature Slyvia | | | | Month Day Year 07/12/01 | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | Month Day Year | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Gabe | | | | | | Signature Gabe | | | | Month Day Year 07/20/01 | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

63760

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|---------------------|---------------------------------|--|--|------------------------------------|--------------------|----------------|----------------------------------|---------------------|-------------------|----------------------------|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 3 0 4 8 | | Manifest Document No. 510251 | | 2. Page 1 of 1 | | 4508675522 | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056251 | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 335 1000 | | | | | | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 RIEDMONY, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | |
| GENERATOR | a. PCB CONTAMINATED SOIL AND DERRIS WM Profile # CFE400 | | | | | | 1 | | 1 | | 11 STREET 107770 | | | | |
| | b. WM Profile # | | | | | | | | 16.34 | | | | | | |
| | c. WM Profile # | | | | | | | | | | | | | | |
| | d. WM Profile # | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 501-207-1187 | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | | Signature (On behalf of) <i>Don Williams</i> "Monsanto" | | | Month Day Year | | | | | | |
| TRANSPORTER | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name Bobby McHair | | | Signature <i>Bobby McHair</i> | | | Month Day Year 07 07 04 | | |
| | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | | Signature | | | Month Day Year | | |
| FACILITY | 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | |
| | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | Printed/Typed Name Don Williams | | | Signature <i>Don Williams</i> | | | Month Day Year | | |



NON-HAZARDOUS MANIFEST

55980

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|--|--|------------------------|--------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL 0024019248 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. PIEDMONT, AL 35201-5370 | | | | A. Manifest Number WMNA 6056196 | | | |
| 4. Generator's Phone 206 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name CITY OF PIEDMONT | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address LIMBELL PIEDMONT, AL 35272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 206/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 07602 | | | | | | | I. Misc. Comments 11 STREET |
| b. WM Profile # | | | | | | 12/11 | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-887-1157 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

69720

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--------------------|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 7 | | 2. Page 1 of 1 | | 4608675520 | | |
| 3. Generator's Name and Mailing Address NONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 19056197 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone (256) 635 1000 | | | | |
| 9. Designated Facility Name and Site Address RESIDENTIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | E. State Transporter's ID | | | | |
| | | | | | | F. Transporter's Phone | | | | |
| | | | | | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | | | 0 0 1 C M 3 0 0 0 0 0 | | | | 11 STREET 127901 |
| b. WM Profile # | | | | | | | | 19.17 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 681-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" <i>Down Williams (Signature)</i> | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

6/1/80

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|--|---------------------------|--------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | Manifest Document No. 05513 | 2. Page of 1 | 4508678522 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISVON, "CL" 36223-539E | | | A. Manifest Number WMNA 10056203 | | |
| 4. Generator's Phone 256 231-8463 | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number 2557 435-1804 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | |
| 9. Transporter 2 Mailing Address 2235 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 256/447-1801 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone | |
| 11. Description of Waste Materials | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | No. | Type | |
| WM Profile # | | | | | |
| b. | | | | | |
| WM Profile # | | | | | |
| c. | | | | | |
| WM Profile # | | | | | |
| d. | | | | | |
| WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | K. Disposal Location | | |
| Landfill _____ Solidification _____ | | | Cell _____ Level _____ | | |
| Bio Remediation _____ | | | Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | |
| Purchase Order # | | | EMERGENCY CONTACT: DONN WILLIAMS 681-807-1187 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | Signature "On behalf of" Donn Williams (Member) | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | Signature William Hasler | | Month Day Year 8/1/80 |
| Printed/Typed Name William Hasler | | | Signature | | Month Day Year |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | Signature | | Month Day Year |
| Printed/Typed Name | | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest | | | | | |
| Printed/Typed Name John Labatino | | | Signature John Labatino | | Month Day Year 8/1/80 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

67560

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------------|-------------------|-------------------|---|--|--|--|-----------------------------|--|--|--|---------------------------|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019043 | | Manifest Document No. 56254 | | 2. Page 1 of 1 | | 4500675522 | | | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5350 | | | | A. Manifest Number WMNA 10056254 | | B. State Generator's ID | | | | | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (PSE) A35-1000 | | D. Transporter's Phone | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 FIRMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments | | | | | | | | | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056400 | | | | | | 2 P I C M 3 P P R P | | 10 | 107204 | 11 STREET | | | | | | | | | | | |
| b. WM Profile # | | | | | | | | 18.44 | | | | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DON WILLIAMS 601-807-1187 | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> "Monstano" | | | | Month Day Year | | | | | | | | | | | | | |
| T R A N S P O R T E R | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature <i>William</i> | | | | Month Day Year 9/17/09 | | |
| | | | | | | | | | | | 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William</i> | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | Signature <i>Don Williams</i> | | | | Month Day Year 08/17/09 | | | | | | | | | | | | | |
| F A C I L I T Y | | | | | | | | | | | | | | | | | | | | | |



NON-HAZARDOUS MANIFEST

166/160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|---|-----------------------|---|--|------------------|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 450 BE 15521 | |
| 3. Generator's Name and Mailing Address 702 OLIVEBROOK AVE. MINISTON, AL 36021-3540 | | | | | | A. Manifest Number WMNA 156202 | | | |
| 4. Generator's Phone 236 231-6402 | | | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone | | | |
| 8. US EPA ID Number | | | 9. Designated Facility Name and Site Address LINDEN ILL 3095 COUNTY ROAD 5 STEINMONT, AL 36272 | | | E. State Transporter's ID | | | |
| 10. US EPA ID Number | | | 11. Description of Waste Materials | | | F. Transporter's Phone | | | |
| 11. Description of Waste Materials | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol | I. Misc. Comments | |
| a. FEE CONTAMINATED SOIL AND DEBRIS | | | | | | | | II STATE | |
| WM Profile # | | | | | | | | | |
| b. | | | | | | | | | |
| WM Profile # | | | | | | | | | |
| c. | | | | | | | | | |
| WM Profile # | | | | | | | | | |
| d. | | | | | | | | | |
| WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DGM WILLIAMS 601-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DGM WILLIAMS | | | | | Signature "On behalf of" DGM WILLIAMS (Member) | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Williams | | | | | Signature Williams | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|--|------------------------------------|--|-------------------|--|----------------------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0040190485 | | Manifest Document No. | | 2. Page of 1 | | 4508675522 | | | | | | | |
| Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056201 | | B. State Generator's ID | | | | | | | | | |
| Generator's Phone 256 231-0493 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (206) 435-1000 | | | | | | | | | |
| Transporter 1 Company Name TAYLOR CORPORATION | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1001 | | | | | | | | | |
| Designated Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 35272 | | 10. US EPA ID Number 100200000000 | | | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. Type | | | | | | 11 STREET | | | | | |
| WM Profile # | | | | CFE400 | | 0 0 1 0 0 0 0 0 0 0 | | | | | | | | | |
| b. WM Profile # | | | | | | | | 1600 | | Tons | | | | | |
| c. WM Profile # | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-987-1187 | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" <i>Down Williams (Manager)</i> | | | | Month Day Year 11/11/11 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name WILLIAM LOSTER | | | | Signature <i>William Loster</i> | | | | Month Day Year 11/11/11 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Tucker | | | | Signature <i>Sherry Tucker</i> | | | | Month Day Year 11/11/11 | | | | | | | |



NON-HAZARDOUS MANIFEST

53500

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|---------------------|-------------------|--|-----------|-------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 53500 | | 2. Page of 1 | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19056199 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 9. Treated Party Name and Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments | | | |
| | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | No. | Type | | | 11 STREET | |
| | | | | WM Profile # | | CF6400 | A B L C H 0 0 0 0 0 | | | | 10990 |
| | | | | b. | | | | 11.30 | | | |
| | | | | WM Profile # | | | | | | | |
| c. | | | | | | | | | | | |
| WM Profile # | | | | | | | | | | | |
| d. | | | | | | | | | | | |
| WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" <i>Down Williams (Member)</i> | | Month Day Year | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name <i>Dilly Miller</i> | | Signature <i>Dilly Miller</i> | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | |
| Printed/Typed Name <i>Gene G... 7/1</i> | | | | Signature <i>Gene G... 7/1</i> | | Month Day Year 10/10/99 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

57410

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|--|---|--|-------------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | Manifest Document No. WMNA | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5399 | | | A. Manifest Number WMNA 056198 | |
| 4. Generator's Phone 256 231-8483 | | | B. State Generator's ID | |
| 5. Transporter 1 Company Name WASTE MANAGEMENT | | 6. US EPA ID Number | | C. State Transporter's ID |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone |
| 9. Designated Facility Name and Site Address LANDFILL 2805 COUNTY ROAD 5 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | E. State Transporter's ID |
| | | | | F. Transporter's Phone |
| | | | | G. State Facility's ID |
| | | | | H. Facility's Phone 256/447-1881 |
| 11. Description of Waste Materials | | | 12. Containers No. Type | 13. Total Quantity |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | |
| WM Profile # 02400 | | | 1 0 1 0 4 0 0 0 0 0 0 | |
| b. | | | | 13 36 |
| WM Profile # | | | | |
| c. | | | | |
| WM Profile # | | | | |
| d. | | | | |
| WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | |
| Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-897-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DON WILLIAMS | | Signature "On behalf of" <i>Don Williams (Manager)</i> | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

107080

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|---------------------------------------|--|-------------------|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 516205 | | 2. Page 1 of 1 | | 1150867522 | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702. CLYDESDALE AVE. ANNISTON, AL 36201-3390 | | | | A. Manifest Number WMNA 10056205 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835 1000 | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | |
| 9. Designated Facility Name and Site Address PINE BLUFF REGIONAL LANDFILL 2205 COUNTY ROAD 5 PIEDMONT, AL 36272 | | | | 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | 30 | | 107906 | | 11 STREET | | | | | |
| b. WM Profile # | | | | | | 18 11 | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 661-887-1187 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | Signature "On behalf of" <i>Don Williams (Mrb.)</i> | | | | Month Day Year | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William H. Taylor</i> | | | | Signature <i>William H. Taylor</i> | | | | Month Day Year | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Don Williams</i> | | | | | | | | | | | | | |
| Signature <i>Don Williams</i> | | | | | | | | Month Day Year | | | | | |

BUSINESS REPLY

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. - (Form designed for use on elite (12-pitch) typewriter.)

65620

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|--|--|--|--|---|--|--|--|-------------------------------------|----------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 5620 | | 2. Page 1 of 1 | | 450 867 55 22 | | |
| 3. Generator's Name and Mailing Address MORNINGTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056206 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8403 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET |
| WM Profile # | | | | | | CF5400 | | 2 0 1 0 0 0 0 0 0 0 | PCO | 107501 |
| b. | | | | | | | | 17.60 | | |
| c. | | | | | | | | | | |
| d. | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-907-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name William Hester | | | | Signature <i>William Hester</i> | | | | Month Day Year 11/19/99 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name John Hester | | | | Signature <i>John Hester</i> | | | | Month Day Year 11/19/99 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

641980

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|---------------------|-----------------------|--|--|--|--------------------|--------------------------------------|----------------------|--|----------------------------|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL000401904850207 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | | |
| 3. Generator's Name and Mailing Address NEWCASTLE 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056207 | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 938 1000 | | | | | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | | | | | |
| 9. Designated Facility Name (State, County, City/Town) PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1002000000000 | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | | | 11 STREET | | |
| WM Profile # | | | | | | CF6400 | | 2000 | | 2000 | | 107924 | | |
| b. | | | | | | | | 17.31 | | | | | | |
| c. | | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | | Signature "On behalf of" <i>Don Williams</i> | | | Month Day Year | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name <i>William Williams</i> | | | Signature <i>William Williams</i> | | | Month Day Year 11/10/19 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | |
| Printed/Typed Name <i>Don Williams</i> | | | | | | Signature <i>Don Williams</i> | | | Month Day Year 10/25/19 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

751100

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|---|--|----------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. SM11PH | | 2. Page of 1 | | 450 86 7922 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10056204 | | B. State Generator's ID | | C. State Transporter's ID (256) 235-1420 | | D. Transporter's Phone | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 075486 | | 3 0 1 0 0 0 0 0 0 0 | | 20 | | 20 | | 11 STREET 107904 | |
| b. WM Profile # | | | | 22 29 | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-207-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | Signature "On behalf of" Don Williams (Master) | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name W. Taylor | | | | Signature William Taylor | | | | Month Day Year 9/10/94 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name L. Williams | | | | Signature L. Williams | | | | Month Day Year 10/10/94 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 1 0024 405

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|--|--|-------------------------------------|--|------------------|--|----------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. 56246 | | 2. Page 1 of 1 | | 4508675502 | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 0056240056246 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | (356) 835-1200 | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | D. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| | | | | | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | | | | | 11 STREET | |
| WM Profile # CF6480 | | | | | | 0 0 E C M 0 0 0 0 0 0 | | | | | | 10/7/99 | |
| b. | | | | | | | | 1351 TONS | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # _____ | | | | | | EMERGENCY CONTACT: DON WILLIAMS 681-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | | Signature/On Behalf of "Monsanto" | | | | | | Month Day Year 09/11/99 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | | | Signature Sherry Jackson | | | | | | Month Day Year 10/11/99 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | | | Signature Sherry Jackson | | | | | | Month Day Year 09/11/99 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--------------------------------------|---------------------------------|---|--|--|--------------------------------|---------------------|-------------------|----------------------------|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 106240 | | 2. Page 1 of 1 | | 4508675502 | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056240 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID (256) 835-1800 | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | 10. US EPA ID Number 100200000000 | | | E. State Transporter's ID | | | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET | | | |
| WM Profile # CFS400 | | | | | | 0 0 1 0 0 0 0 0 0 0 | | | | 100% | | | |
| b. | | | | | | | | 14.27 TONS | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell | | Level | | | | | |
| Bio Remediation _____ | | | | | | Grid | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | | Signature "On behalf of" <i>Down Williams</i> "Downs" 10/11/04 | | | Month Day Year | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | Printed/Typed Name <i>Billy Bair</i> | | | Signature <i>Billy Bair</i> | | | Month Day Year 11/11/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | Printed/Typed Name | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Stormy Jackson | | | | | Signature <i>Stormy Jackson</i> | | | Month Day Year 11/11/04 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. 50247 | | 2. Page of 1 450 8675522 | | |
| 3. Generator's Name and Mailing Address MUNICIPALITY 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056247 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1880 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 5 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1891 | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol | 15. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | 8 D L C M 2 B E R Y | | | | 11 STREET |
| b. WM Profile # | | | | | | | | 24 1/2 Tons |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DANN WILLIAMS 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | Signature <i>[Signature]</i> | | On behalf of "Munson Co" | | Month Day Year 9/17/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>William Hostet</i> | | Signature <i>[Signature]</i> | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | Signature <i>[Signature]</i> | | Month Day Year 9/17/04 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|---------------------------------|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | Manifest Document No. 150241 | 2. Page of 1 | 450 867 55 22 |
| 3. Generator's Name and Mailing Address MORNING STAR 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10056241 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address TAYLOR CORPERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # DE6480 | | 11 | | | 11 STREET |
| b. WM Profile # | | | | | TMS |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DON WILLIAMS | | Signature "Don Williams" | | Month Day Year 10/9/13/14 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name William Hester | | Signature William Hester | | Month Day Year 11/10/14 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Rick McNeil | | Signature Rick McNeil | | Month Day Year 11/10/14 | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name Sherry Fokya | | Signature Sherry Fokya | | Month Day Year 11/10/14 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|--|-------------------------------------|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 56248 | | 2. Page 1 of 1 | | 1805675822 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056248 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1808 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 0 0 1 C M 0 0 0 0 0 0 | | | | 11 STREET 107983 |
| b. WM Profile # | | | | | | | | 17.12 | | Tons |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" "Down Williams" | | | | Month Day Year 11/11/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name William Hester | | | | Signature William Hester | | | | Month Day Year 11/11/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Billy McHair | | | | Signature Billy McHair | | | | Month Day Year 09/11/04 | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Leroy Tucker | | | | Signature Leroy Tucker | | | | Month Day Year 11/11/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|---|--|--|--|---------------------------|--|--|--|---------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 50239 | | 2. Page of 1 | | 41508675500 | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056239 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone (256) 835-1000 | | | | | | | |
| 9. Designated Facility Name and Address TAYLOR WASTE REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | 10. US EPA ID Number 100200000000 | | | E. State Transporter's ID | | | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # DF6400 | | | | | | 0 0 L C M 0 0 0 0 0 | | | | | | 11 STREET 107900 | |
| b. WM Profile # | | | | | | | | 21,700 | | Tons | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-867-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" Don Williams "Monsanto" | | | | Month Day Year 10/1/99 | | | | | |
| Printed/Typed Name Billy McRae | | | | Signature Billy McRae | | | | Month Day Year 10/1/99 | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature Sherry Jackson | | | | Month Day Year 10/1/99 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

463 11/11/87

60280

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------------|----------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 56238 | | 2. Page 1 of 1 | | 450805500 | | |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056238 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8403 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1000 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Disposal Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET |
| WM Profile # | | | | | | CF6400 | | 201CM000000 | | 107774 |
| b. | | | | | | | | | 1512 | TONS |
| c. | | | | | | | | | | |
| d. | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" <i>[Signature]</i> | | | | Month Day Year 10/13/87 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Rally H. Hair | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10/13/87 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10/13/87 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on *allite* (12-pitch) typewriter.)

| | | | | |
|--|---------------------|--|--------------------------------|---|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | Manifest Document No. 50243 | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 056245 | | |
| 4. Generator's Phone 256 231-8483 | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | D. Transporter's Phone (256) 835-1888 | | |
| 8. US EPA ID Number | | E. State Transporter's ID | | |
| 9. Treated Facility Name and Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | F. Transporter's Phone | | |
| 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | |
| 11. Description of Waste Materials | | H. Facility's Phone 256/447-1881 | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056400 | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. Misc. Comments 11 STREET |
| b. WM Profile # | | | 16.81 | 10702 |
| c. WM Profile # | | | | Tons |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-987-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DOWN WILLIAMS | | Signature "On behalf of" <i>Down Williams</i> "MONSANTO" | | Month Day Year 09/13/04 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Kevin Samples</i> | | Signature <i>Kevin Samples</i> | | Month Day Year 09/13/04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Lowrey Jackson</i> | | | | |
| Signature <i>Lowrey Jackson</i> | | Month Day Year 09/13/04 | | |



NON-HAZARDOUS MANIFEST

76000

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 56244 | | 2. Page 1 of 1 | | 4308675522 | |
| 3. Generator's Name and Mailing Address Piedmont 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10056244 | | B. State Generator's ID | | C. State Transporter's ID (256) 435-1800 | | D. Transporter's Phone | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address Piedmont Landfill 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | 0 0 1 C 4 0 0 0 0 0 0 | | 0 0 1 C 4 0 0 0 0 0 | | | | 11 STREET | |
| b. WM Profile # | | | | 2269 | | | | Cap # 107901 | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature / On behalf of [Signature] | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Kevin Samples | | | | Signature [Signature] | | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name [Signature] | | | | Signature [Signature] | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

6592

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|--|--|--|---------------------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 50243 | | 2. Page 1 of 1 | | 450867552 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056243 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | |
| | | | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835 1800 | |
| 9. Type of Facility (See 40 CFR 261.11) HAZARDOUS WASTE REGIONAL LANDFILL | | | | 10. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | 0 0 1 C M 0 0 0 0 0 0 | | 17.72 | | 11 STREET Car # 107770 | |
| b. WM Profile # | | | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 681-887-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" [Signature] "MONSANTO" | | | | Month Day Year 09 14 09 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Kevin Samples | | | | Signature [Signature] | | | | Month Day Year 09 14 09 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name [Signature] | | | | Signature [Signature] | | | | Month Day Year 10 08 11 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

11/14/87 66700

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|--|--|-------------------------------------|------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 15162130 | | 2. Page 1 of 1 | | 450405502 | | |
| 3. Generator's Name and Mailing Address MEMPHIS 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056230 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 435-1800 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 2 2 1 2 1 2 2 2 2 2 | | | | 11 STREET 107924 |
| b. WM Profile # | | | | | | | | 1819 | | Tons |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> "Memphis" | | | | Month Day Year 09/15/87 | | |
| Printed/Typed Name Billy McNeil | | | | Signature <i>Billy McNeil</i> | | | | Month Day Year 09/15/87 | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Shenny Jack | | | | Signature <i>Shenny Jack</i> | | | | Month Day Year 09/15/87 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

1114C 2 67760

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|---------------------|---------------------------------|--|--|--|--------------------|----------------------------|-------------------|--|---------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 516231 | | 2. Page 1 of 1 | | 4508675528 | | | | | |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056231 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 035-1000 | | | | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | F. Transporter's Phone | | | | | | | |
| 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | | | | | G. State Facility's ID | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6488 | | | | | | 2 0 1 C M | | 1562 | | | | 11 STREET 107908 | |
| b. WM Profile # | | | | | | | | | | | | Tons | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 251-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | | Signature, On behalf of <i>Donn Williams</i> "Anniston" | | | Month Day Year 09/15/04 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Billy McHair | | | | | | Signature <i>Billy McHair</i> | | | Month Day Year 09/15/04 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | | | Signature <i>Sherry Jackson</i> | | | Month Day Year 09/15/04 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

WMA 711560

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|--|-------------------------------------|------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 56242 | | 2. Page 1 of 1 | | 452867552 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19056242 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Disposal Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET |
| WM Profile # CFE400 | | | | | | 0 0 1 0 0 0 0 0 0 0 | | | | 108845 |
| b. WM Profile # | | | | | | | | 20-37 | | TMS |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 09/15/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Sally McLean | | | | Signature <i>Sally McLean</i> | | | | Month Day Year 09/15/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature <i>Sherry Jackson</i> | | | | Month Day Year 09/15/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

79160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|-----------------------|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page 1 of 1 | 4508675500 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10056229 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | D. Transporter's Phone (256) 231-1000 | |
| 9. (If Regulated Party Name and Site Code) SPECIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6409 | | 20 200 L | | | |
| b. WM Profile # | | | | 24 | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | Signature <i>[Signature]</i> | | On behalf of "Williams" Month Day Year | |
| Printed/Typed Name E. J. ... | | Signature <i>[Signature]</i> | | Month Day Year 10/16/04 | |
| Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | Signature <i>[Signature]</i> | | Month Day Year 10/15/04 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

607360

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|---|--|---|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 B 1516 224 | | Manifest Document No. 4508675522 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-3390 | | 4. Generator's Phone 256 231-8483 | | 2. Page 1 of 1 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | A. Manifest Number WMNA 10056224 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | B. State Generator's ID | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | C. State Transporter's ID (256) 235-1000 | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | No. Type | | 14. Unit Wt./Vol. | |
| WM Profile # CFE400 | | 0 0 1 C M 0 0 0 0 0 0 | | | |
| b. WM Profile # | | | | 11 STREET | |
| c. WM Profile # | | | | 600 ± 107-21 | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | |
| Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" [Signature] MONSANTO | | Month Day Year 10/19/16/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name [Signature] | | Signature [Signature] | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year 10/19/16/04 | |

GENERATOR
TRANSPORTER
FACILITY



NON-HAZARDOUS MANIFEST

194020

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|--|--------------------|-------------------------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. 56223 | | 2. Page 1 of 1 | | 450867522 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19056223 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835 1880 | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS48B | | | | | | 3 B 1 C M | 2170 | | 11 STREET 107904 |
| b. WM Profile # | | | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 501-907-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" D.W. Williams "Monsonito" | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Billy McHair | | | | Signature Billy McHair | | | | Month Day Year 09 1 904 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name D. Williams | | | | Signature D. Williams | | | | Month Day Year 12 5 1984 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

76960

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|-----------------------------------|--|--|--|--|----------------------|----------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 156225 | | 2. Page 1 of 1 | | 76960 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 19056225 | | B. State Generator's ID | | |
| 4. Generator's Phone 256 231-9483 | | | | | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | E. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | F. Transporter's Phone | | | | |
| 9. Treated Facility Name and Site Code Piedmont Environmental Landfill 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 0 0 1 0 0 0 0 0 0 0 | | | | 11 STREET 10/9/04 |
| b. WM Profile # | | | | | | | | 23.01 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature <i>Down Williams</i> | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name <i>Billy McRae</i> | | | | Signature <i>Billy McRae</i> | | | | Month Day Year 12/11/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name <i>Down Williams</i> | | | | Signature <i>Down Williams</i> | | | | Month Day Year 12/11/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

73380

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|-------------------------------------|--|----------------------------|--|-------------------|--|---------------------|--|---|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 156226 | | 2. Page 1 of 1 | | 4508615522 | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056226 | | B. State Generator's ID | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | C. State Transporter's ID (256) 435-1000 | | D. Transporter's Phone | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | | | | | |
| 9. Designated Facility Name and Site Address SPECIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMON, AL 36272 | | 10. US EPA ID Number 1002000000000 | | I. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Misc. Comments | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | WM Profile # CF6400 | | 0 0 1 C M 0 0 0 0 0 0 | | | | | | | | 11 STREET 108555 | | | |
| b. WM Profile # | | | | | | | | 21391 | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" "Monsanto" | | | | Month Day Year | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McHair | | | | Signature Billy McHair | | | | Month Day Year 09/17/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Don Williams | | | | | | | | | | | | | | | |
| Signature Don Williams | | | | Month Day Year | | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

61480

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|---------------------|--------------------------------|----------------------------------|--|--|--------------------|-------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. 56227 | | 2. Page 1 of 1 | | 4508675520 | | |
| 3. Generator's Name and Mailing Address MONCANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056227 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 835 1000 | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address PINE LAWN REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 20 L 10 M 20 B 20 Y | | | | 11 STREET 10006 |
| b. WM Profile # | | | | | | | | 15.04 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | Signature <i>Don Williams</i> | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Silly McHair | | | | | Signature <i>Silly McHair</i> | | | Month Day Year | | 09/15/04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | | Signature <i>Don Williams</i> | | | Month Day Year | | 11/5/04 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

67440

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|--|--|---|--------------------|----------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 8 L D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 5 6 2 2 8 | | 2. Page 1 of 1 | | | |
| 3. Generator's Name and Mailing Address MENSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 056228 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1880 | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | D. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | |
| 9. Designated Facility Name and Address THE ALABAMA REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | F. Transporter's Phone | | | |
| | | | | | | G. State Facility's ID | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. | Type | | 11 STREET |
| WM Profile # DF6400 | | | | | | 3 | D L C M | 0 0 0 0 0 0 0 0 | 67772 |
| b. | | | | | | | | 18.53 | |
| c. | | | | | | | | | |
| d. | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | |
| Landfill _____ Solidification _____ | | | | | | Cell | | Level | |
| Bio Remediation _____ | | | | | | Grid | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" D.W. Williams "Monsanto" | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Billy McFarlin | | | | Signature Billy McFarlin | | | | Month Day Year 10/11/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name John G. ... | | | | Signature John G. ... | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

80580

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|--|--|--|--------------------|----------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004819048 | | Manifest Document No. 150217 | | 2. Page 1 of 1 | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 056217 36056217 | | | | | |
| 4. Generator's Phone 256 231-8463 | | | | B. State Generator's ID | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 235-1000 | | | | | |
| 9. Treated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | | |
| | | | | F. Transporter's Phone | | | | | |
| | | | | G. State Facility's ID | | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. | Type | | |
| WM Profile # CFS400 | | | | | | 0 | D | L | C |
| b. WM Profile # | | | | | | | | 24 | 107905 |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" "Monsanto" | | | | Month Day Year 12/11/97 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Kevin Samples | | | | Signature | | | | Month Day Year 12/11/97 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year 12/11/97 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

164620

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 1516222 | | 2. Page 1 of 1 | | 45000 9311 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19056222 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8403 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 335-1820 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 9. Treatment, Storage, and Disposal Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 2 0 1 C M 0 0 0 0 0 0 | | | | 11 STREET |
| b. WM Profile # | | | | | | | | 17.68 | | Cont 10/1/91 |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On Behalf of" [Signature] "Monsanto" | | | | Month Day Year 10/1/91 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Kevin Sample | | | | Signature [Signature] | | | | Month Day Year 10/1/91 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name [Name] | | | | | | | | | | |
| Signature [Signature] | | | | Month Day Year 10/1/91 | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|--|--|--|------------------------|--|-------------------------------------|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4 | | |
| 3. Generator's Name and Mailing Address SOLERA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 391471 | | 391471 | | | | |
| 4. Generator's Phone 256 231-3483 | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | | | | | | | | 10855 |
| b. SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL (PNP) WM Profile # CNE520 | | | | | | RRRR | | TALS | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: _____ | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name | | | | Signature "On behalf of" | | | | Month Day Year 10/11/06 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name R. McLean | | | | Signature [Signature] | | | | Month Day Year 10/11/06 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certificate of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherry Thacker | | | | Signature [Signature] | | | | Month Day Year 10/11/06 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|--|--|--|--|---------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address SWITZER, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 391474 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | | |
| | | | | F. Transporter's Phone | | | | |
| | | | | G. State Facility's ID | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 19.7V | T | 10353 |
| b. SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROPHENOL (PWP) WM Profile # C4520 | | | | | | | | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: _____ | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name Donna | | | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 10/9/14 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Kelly McHair | | | | Signature <i>[Signature]</i> | | Month Day Year 10/9/14 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certificate of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Theary Tuckson | | | | | | | | |
| Signature <i>[Signature]</i> | | | | Month Day Year 10/9/14 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

11/14/81 63000

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|--|--|--|--|------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 18056220 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1500 | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 5 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 3 0 1 C M 2 0 0 0 0 Y | | | 11 STREET |
| b. WM Profile # | | | | | | 118122 | 11 541 |
| c. WM Profile # | | | | | | | Tons |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" [Signature] "MONSANTO" | | Month Day Year 11 14 81 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name [Signature] | | Signature [Signature] | | Month Day Year 11 14 81 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Therapy Jones | | | | | | | |
| Signature [Signature] | | Month Day Year 11 14 81 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|----------|-----------------------|----------|-----------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 1570221 | | 2. Page 1 of 1 | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056221 | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 235-1000 | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Treated Facility Name PIEDMONT RECYCLING LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 10020000000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total | 14. Unit | I. Misc. Comments | | |
| | | | | No. | | Type | | Quantity | Wt./Vol. | |
| | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | 11 STREET |
| | | | | WM Profile # | | CFE480 | | 0 0 L C H 0 0 0 0 0 0 | | |
| | | | | b. WM Profile # | | | | 17.30 | T | 1077 |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 11/1/87 | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i> | | Signature <i>[Signature]</i> | | Month Day Year 11/1/87 | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sherry Jackson | | | | | | | | | | |
| Signature <i>[Signature]</i> | | Month Day Year 11/1/87 | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MIAC 3

70400

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|---|--|--|--|--|--|--------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 391472 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | |
| | | | | F. Transporter's Phone | | | |
| | | | | G. State Facility's ID | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| | | | | No. | | Type | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFC400 | | | | | | | 107904 |
| b. SOIL & DEBRIS CONTAMINATED WITH PCBs & NITROPHENOL (NP) WM Profile # CUS520 | | | | | | | 196907 TAMS |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: _____ | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. Printed/Typed Name _____ Signature "On Behalf of" "monsieur" _____ Month Day Year 10/9/14 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McHair _____ Signature _____ Month Day Year 10/9/14 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certificate of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|---------------------|--|---------------------------|-------------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 01100040190401 | Manifest Document No. | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address SULLITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 391470 | | |
| 4. Generator's Phone 256 231-8483 | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name | 6. US EPA ID Number | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | D. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | E. State Transporter's ID | |
| | | F. Transporter's Phone | | G. State Facility's ID |
| | | | | H. Facility's Phone 256/447-1881 |
| 11. Description of Waste Materials | | 12. Containers | 13. Total Quantity | 14. Unit WT/Vol. |
| | | No. | Type | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | 107909 |
| b. SOIL & DEBRIS CONTAMINATED WITH PCB'S & NITROPHENOL (PNP) WM Profile # CFE500 | | | | 13/193 7/45 |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | |
| Purchase Order # | | EMERGENCY CONTACT: 404 301 1111 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name D. J. Williams | | Signature "On behalf of" D. J. Williams | | Month Day Year 11/19/01 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name Bill McNeil | | Signature Bill McNeil | | Month Day Year 11/18/01 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certificate of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name T. J. Williams | | Signature T. J. Williams | | Month Day Year 11/19/01 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|--|--|--|--|------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address SOLUTIONIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 391469 | | | |
| 4. Generator's Phone 256 231-0483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 11 | | 1/5/77 | 7 |
| b. SOIL & DEBRIS CONTAMINATED WITH PCB'S & 4-NITROBENZENE (CND) WM Profile # CH3520 | | | | 11 | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name | | | | Signature "On behalf of" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certificate of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

22300

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|--|----------------|--|--------------------|---------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address SAL... INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 391473 391473 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1100200000000 | | E. State Transporter's ID | | | |
| | | | | F. Transporter's Phone | | | |
| | | | | G. State Facility's ID | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | | | | | 11 128546 |
| b. SOIL & DEBRIS CONTAMINATED WITH PCB'S & METROPYRONE (MMP) WM Profile # CF5328 | | | | | 17.75 | | 77.5 |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: 601-631-1111 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name W... | | | | Signature "On behalf of" [Signature] | | Month Day Year 10/9/10 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name S. Hill, M. Law | | | | Signature [Signature] | | Month Day Year 10/9/10 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certificate of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name T... | | | | Signature [Signature] | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 2

7/1/00

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--|--|---|--|-----------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 1562116 | | 2. Page 1 of 1 | | 4508675002 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056216 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 206 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | (256) 835-1000 | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | D. Transporter's Phone | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address WINDY HILL LANDFILL 2205 COUNTY ROAD 6 RIEDMONT, AL 36272 | | | | 11. US EPA ID Number 100200000000 | | F. Transporter's Phone | | | | |
| | | | | | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone | | 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | 1. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET |
| WM Profile # | | | | | | CFE400 | | 20.41 | | 107914 |
| b. | | | | | | | | | | TONS |
| WM Profile # | | | | | | | | | | |
| c. | | | | | | | | | | |
| WM Profile # | | | | | | | | | | |
| d. | | | | | | | | | | |
| WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature / On behalf of <i>Don Williams</i> "Phonetic" | | | | Month Day Year 10/9/2000 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name <i>Sherry McNeil</i> | | | | Signature <i>Sherry McNeil</i> | | | | Month Day Year 10/9/2000 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name <i>Sherry McNeil</i> | | | | Signature <i>Sherry McNeil</i> | | | | Month Day Year 10/9/2000 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

71580

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|--|--|----------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. 502115 | 2. Page 1 of 1 | 4508675522 |
| 3. Generator's Name and Mailing Address NONHAZARD 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 19056215 | | |
| 4. Generator's Phone 256 231-8483 | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 035-1000 | |
| 9. Designated Facility Name and Site Address TAYLOR LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DERRIS WM Profile # CF6400 | | | 0 0 1 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 | 11 STREET 107909 |
| b. WM Profile # | | | | 20.18 | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DON WILLIAMS | | | Signature Don Williams "Nonhazardous" | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | |
| Printed/Typed Name Bobby McHair | | | Signature Bobby McHair | | Month Day Year 09 21 04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name DON WILLIAMS | | | Signature Don Williams | | Month Day Year 09 21 04 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

76640

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|--|---|--|--|--|----------------------------|----------|-------------------|
| NON-HAZARDOUS MANIFEST | | * Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 5162114 | | 2. Page 1 of 1 | | 450675523 | | |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 7056214 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1002000000000 | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | Quantity | Wt./Vol. | 11 STREET |
| WM Profile # | | | | | | CF6400 | | B B L C M B P P P Y | | 103513 |
| b. WM Profile # | | | | | | | | 22.55 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" Don Williams "Anniston" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Bobby McRae | | | | Signature Bobby McRae | | | | Month Day Year 10/12/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Samantha | | | | Signature Samantha | | | | Month Day Year 10/12/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

736600

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 156213 | | 2. Page of 1 | | 41503675522 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056213 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 335-1880 | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 9. Transporter 1 Name and Address WASTE MANAGEMENT BANKS INDUSTRIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1002000000000 | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET 107907 |
| b. WM Profile # | | | | | | | | 2144 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" Don Williams "Williams" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McCain | | | | Signature Billy McCain | | | | Month Day Year 11/11/94 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Samuel... Signature Samuel... Month Day Year 2/5/94 | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|--|-------------------------------------|--|-------------------|--|-----------------------|--|-------|--|-----------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 5 6 2 0 8 | | 2. Page 1 of 1 | | 4508675500 | | | | | | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056208 | | B. State Generator's ID | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID 256 A 35-1300 | | D. Transporter's Phone | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2805 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 205/447-1881 | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | | | |
| | | | | | | No. | | Type | | | | | | | | | |
| | | | | | | a. | | PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | 11 STREET | |
| | | | | | | | | WM Profile # | | CF6400 | | 0 0 1 C M 0 0 0 0 0 0 | | 11/13 | | Tons | |
| | | | | | | b. | | WM Profile # | | | | | | | | | |
| c. | | WM Profile # | | | | | | | | | | | | | | | |
| d. | | WM Profile # | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" <i>Down Williams</i> "Down Williams" | | | | Month Day Year 11/13/04 | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Billy McNamee | | | | Signature <i>Billy McNamee</i> | | | | Month Day Year 11/13/04 | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Steve Tucker | | | | Signature <i>Steve Tucker</i> | | | | Month Day Year 11/13/04 | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

111C 2

79700

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|--------------------------------------|--|--|--|--|----------------------------|---------------------|--|--|--|--|----------------------------------|--|----------------------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. 56210 | | 2. Page 1 of 1 | | 450867552 | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5398 | | | | | | A. Manifest Number WMNA 10056210 | | | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID (256) 835-1800 | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 35272 | | | 10. US EPA ID Number 100200000000 | | | E. State Transporter's ID | | | | | | | | | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | | | | | | | |
| | | | | | | H. Facility's Phone 256/447-1801 | | | | | | | | | | | | | |
| GENERATOR | 11. Description of Waste Materials | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments | | | | | | | | | |
| | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | 11 STREET | | | | | | | | | |
| | WM Profile # | | | | | CF6400 | | 0 0 1 0 0 0 0 0 0 0 | | 107906 | | | | | | | | | |
| | b. WM Profile # | | | | | | | | 24.41 | TONS | | | | | | | | | |
| | c. WM Profile # | | | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1197 | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> "Monsanto" | | | | Month Day Year 09 27 99 | | | | | | | | | | | |
| TRANSPORTER | | | | | | | | | | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| | | | | | | | | | | Printed/Typed Name <i>Sally McHair</i> | | | | Signature <i>Sally McHair</i> | | Month Day Year 09 22 00 | | | |
| | | | | | | | | | | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | | | | | | | | | | |
| FACILITY | | | | | | | | | | 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| | | | | | | | | | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name <i>Steve Tucker</i> | | | | Signature <i>Steve Tucker</i> | | | | Month Day Year 09 22 00 | | | | | | | | | | | |



NON-HAZARDOUS MANIFEST

17700

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. 156411 | | 2. Page of 1 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056211 | | | |
| 4. Generator's Phone 256 231-0483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 2205 COUNTY ROAD 6 LANDFILL | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056406 | | | | | | | I. Misc. Comments 11 STREET 107409 |
| b. WM Profile # | | | | | | 23.58 | T1315 |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 681-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. Printed/Typed Name: DOWN WILLIAMS Signature: <i>Down Williams</i> "Monsanto" Month Day Year: 01/21/11 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: <i>Billie McHair</i> Signature: <i>Billie McHair</i> Month Day Year: 01/21/11 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name: <i>Henry Jackson</i> Signature: <i>Henry Jackson</i> Month Day Year: 01/21/11 | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

400 MAC 71950

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|----------------------------|-------------------------------------|------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. 1562112 | | 2. Page of 1 450 369552 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36291-5390 | | | | A. Manifest Number WMNA Case # 19056212 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1400 | | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1831 | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE488 | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET 108550 |
| b. WM Profile # | | | | | | 20.65 | | Tons |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On-behalf of" D.W. Williams "Monsanto" | | | Month Day Year 10-22-08 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Gilly v. Harv | | Signature Gilly v. Harv | | | Month Day Year 11-10-09 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | Signature Sherry Jackson | | | Month Day Year 11-17-09 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

600480

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|--|--|-------------------------------------|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 004019048 | | Manifest Document No. 56218 | | 2. Page 1 of 1 | | 450 8675522 | | |
| 3. Generator's Name and Mailing Address MEMPHIS 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 056218 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-0483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1801 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # OF6480 | | | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET 108546 |
| b. WM Profile # | | | | | | | | | | 14 8/10/2000 |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" Donn Williams | | | | Month Day Year 11/18/00 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bill McRay | | | | Signature Bill McRay | | | | Month Day Year 11/18/00 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Don Williams | | | | Signature Don Williams | | | | Month Day Year 11/18/00 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

72026

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|---|--|---------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. 56209 | | 2. Page 1 of 1 | | 4508695522 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10056209 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (256) 335-1000 | |
| 4. Generator's Phone 256 231-8403 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address TAYLOR INDUSTRIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 2 0 1 C M 0 0 0 0 0 0 | | 2050 | | | | 11 STREET 10700 | |
| b. WM Profile # | | | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-897-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" D.W. Williams "Monsanto" | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name BILLY MCKINR | | | | Signature Billy McKinr | | | | Month Day Year 10 23 1994 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

56800

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|--|--|-----------------------|---|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 25623056232 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8403 | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | F. Transporter's Phone |
| 9. Designated Facility Name and Site Address SPECIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 3 0 1 C M 0 0 0 0 0 0 | | 14. Unit Wt./Vol. 11 STREET 29794 |
| b. WM Profile # | | | | 13.85 |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name Billy McKie | | Signature <i>[Signature]</i> | | Month Day Year 10/2/14 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name Don Williams | | Signature <i>[Signature]</i> | | Month Day Year 10/2/14 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

1170/62340

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|---|--|-------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675620 | |
| 3. Generator's Name and Mailing Address NONHAZARDOUS 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 19056235 | | B. State Generator's ID | | C. State Transporter's ID | | (256) 835-1800 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | D. Transporter's Phone | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | F. Transporter's Phone | | G. State Facility's ID | | H. Facility's Phone | |
| 9. Treated Facility Name PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | I. Facility's Name PIEDMONT, AL 36272 | | J. Facility's Address 2205 COUNTY ROAD 6 | | K. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | L. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | No. Type | | 17.31 | | | | 11 STREET | |
| b. WM Profile # | | | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Grid _____ | | Level _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | EMERGENCY CONTACT: DOWN WILLIAMS 681-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | Signature on behalf of <i>[Signature]</i> | | Month Day Year 11/17/99 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name LEE C. COOPER | | Signature <i>[Signature]</i> | | Month Day Year 11/19/99 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/19/99 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

170/60340

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--------------------------------------|--|--|--|--|------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page of 1 | | 9506755 22 | | |
| 3. Generator's Name and Mailing Address PIEDMONT 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 067430 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Treatment, Storage, and Disposal Facility Name and Address PIEDMONT REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | | | 0 0 1 0 0 0 0 0 0 0 | | | | 11 STREET |
| b. WM Profile # | | | | | | | | | | 19 08 1999 |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 501-987-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name LEE CLAYTON | | | | Signature | | | | Month Day Year 10/10/99 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name DANN WILSON | | | | Signature | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

1111 / 6019010

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------------|---------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 056236 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | | | | 200 | | 200 | 200 | 11 STREET |
| b. WM Profile # | | | | | | | | 18.53 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DORN WILLIAMS 601-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DORN WILLIAMS | | | | Signature on behalf of <i>[Signature]</i> | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bill Wallace | | | | Signature <i>[Signature]</i> | | | | Month Day Year 1/9/2001 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year | | |



NON-HAZARDOUS MANIFEST

1169 / 68920

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|---|--|--|--|-------------------------------------|-------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. 56219 | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10056219 | | B. State Generator's ID | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 335 1200 | | E. State Transporter's ID | | |
| 9. Transporter 1 Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | 15. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | 0 0 L C M 0 0 0 0 0 | | 20.81 | | 11 STREET |
| b. WM Profile # | | | | | | | | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOW WILLIAMS 601-887-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DOW WILLIAMS | | Signature [Signature] | | On behalf of "WILLIAMS TO" | | Month Day Year 07 21 07 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name John P. [Signature] | | Signature [Signature] | | Month Day Year 07 21 07 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name [Signature] Signature [Signature] Month Day Year [Signature] | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

1169 / 764100

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL00004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 450867520 | | |
| 3. Generator's Name and Mailing Address FEDMONT 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10087433 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1350 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | | |
| 9. Designated Facility Name and Site Address FIRELAND REGIONAL LANDFILL 2205 COUNTY ROAD 6 FIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | | | | | 11 STREET |
| b. WM Profile # | | | | | | | | | | 2110 |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name John Pike | | | | Signature | | | | Month Day Year 10/24/99 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal. I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|--|---------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 3 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 7508675022 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10056237 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 235-1330 | | | | |
| 7. Transporter 2 Company Name | | | | | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | F. Transporter's Phone | | | | |
| 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | | | | | G. State Facility's ID | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # DF5400 | | | | | | 3 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET |
| b. WM Profile # | | | | | | | | 19.94 | | TONS |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name <i>Bill Williams</i> | | | | Signature <i>Bill Williams</i> | | | | Month Day Year 9/25/94 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherrill Jackson | | | | Signature <i>Sherrill Jackson</i> | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MACA

10500

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---------------------------|---|---|--|----------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page of 1 | | 850869500 | | |
| 3. Generator's Name and Mailing Address HUMBERTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 26740067406 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 935-1920 | | | | |
| 8. US EPA ID Number | | | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Disposal Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | | | 11 STREET |
| WM Profile # CF6400 | | | | | | a b l c n a b b e e y | | | | |
| b. WM Profile # | | | | | | | | 1 | DON'T TALK | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell | | Level | | |
| Bio Remediation _____ | | | | | | Grid | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | |
| Purchase Order # | | | | | EMERGENCY CONTACT: DONN WILLIAMS 501-867-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | Signature "On behalf of" | | | Month Day Year 01/15/01 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Bobby McLean | | | | | Signature Bobby McLean | | | Month Day Year 01/15/01 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Shannon Jackson | | | | | Signature Shannon Jackson | | | Month Day Year 01/15/01 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|---------------------|-----------------------|--|--|--|--------------------|----------------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page of 1 | | 4508675522 | | |
| 3. Generator's Name and Mailing Address Piedmont 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10067409 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | | | |
| 9. Designated Facility Name and Site Address Piedmont Landfill 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | 15. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056488 | | | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET 107912 |
| b. WM Profile # | | | | | | | | 19.78 | | TMS |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | | Signature "On behalf of" | | | Month Day Year 10/27/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Sally McNeil | | | | | | Signature Sally McNeil | | | Month Day Year 11/17/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sharon Jackson | | | | | | Signature Sharon Jackson | | | Month Day Year 10/27/04 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|---|--|-------------------------------------|--|----------------------------|--|-------------------|--|---|--|--------|--|-----------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 450867552 | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address GENERAL 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 067408 12067408 | | B. State Generator's ID | | | | | | | | | | | |
| 4. Generator's Phone 256 231-0493 | | | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone (256) 231-1000 | | E. State Transporter's ID | | | | | | | | | | | |
| 9. Treated Party Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total | | 14. Unit | | I. Misc. Comments | | | | | | | |
| | | | | | | No. | | Type | | Quantity | | W/Vol | | | | | | | |
| | | | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | | | 11 STREET | |
| | | | | | | WM Profile # | | | | | | CFE420 | | a b l c h a b b e e y | | 129422 | | | |
| | | | | | | b. WM Profile # | | | | | | | | | | | | 10/10 TMS | |
| c. WM Profile # | | | | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | Purchase Order # _____ | | | | EMERGENCY CONTACT: DANN WILLIAMS 601-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | | | Signature "On behalf of" | | | | Month Day Year 10/10/94 | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Dale McMan | | | | | | Signature Dale McMan | | | | Month Day Year 10/10/94 | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | Month Day Year | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Shirley T. Johnson | | | | | | Signature Shirley T. Johnson | | | | Month Day Year 10/10/94 | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

15746

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|-------------------------------------|-------------------|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 450 1675333 | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESBALE AVE. ANNISTON, AL 36201-5899 | | | | A. Manifest Number WMNA 00010357410 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address LANDFILL FRED COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments | |
| a. 700 UNIDENTIFIED SOIL AND DEBRIS WM Profile # | | | | | | 1 | | | | 11 SHEET | |
| b. WM Profile # | | | | | | | | | | 1000 | |
| c. WM Profile # | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DAWN WILLIAMS 501-887-1187 | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | |
| Printed/Typed Name DAWN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name DAWN WILLIAMS | | | | Signature | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | | | Signature | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

69060

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|--|--|--|-------------------------------------|--|--|--|----------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019848 | | Manifest Document No. | | 2. Page 1 of 1 | | 450869522 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067411 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8463 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 235-1500 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | | |
| 9. Designated Facility Name and Site Address TAYLOR GENERAL LANDFILL 2255 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | 6 0 1 1 4 2 0 0 0 0 | | | | | | 11. STREET 109555 |
| b. WM Profile # | | | | | | 1931 | | | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Lilly M. Gray | | | | Signature Lilly M. Gray | | | | Month Day Year 11/20/09 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Steve Hill | | | | Signature Steve Hill | | | | Month Day Year 11/20/09 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | |
|--|--|---|--|--------------------------|-----------|--|--|--|----------------|-------------------------|--|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL00004013040 | | | | Manifest Document No. | | 2. Page 1 of 1 | | 45-70527 | | |
| | | 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36801-5370 | | | | | | A. Manifest Number WMNA 057407 | | B. State Generator's ID | | |
| 4. Generator's Phone 252 231-8983 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address 2205 COUNTY ROAD 5 DUEMONT, AL 36872 | | 10. US EPA ID Number | | | | G. State Facility's ID | | H. Facility's Phone 256/467-1881 | | | | |
| GENERATOR | 11. Description of Waste Materials | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments |
| | a. TOXIC CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | | | | | | 11 STREET 127911 |
| | b. WM Profile # | | | | | | | | | | | |
| | c. WM Profile # | | | | | | | | | | | |
| | d. WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED 69660 30700 Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | | | |
| TRANSPORTER | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | |
| | Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | | | Month Day Year | | | |
| FACILITY | 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | |
| | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | | | | | |



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--------------------------|-----------------------|--|--|--|------------------------|-----------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 0 4 8 1 9 0 4 9 | | Manifest Document No. | | 2. Page 1 of 1 | | 450 829 62 22 | | |
| 3. Generator's Name and Mailing Address 782 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 8233 | | | | |
| 4. Generator's Phone 256 231-8493 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR DISPOSAL CORP | | | 6. US EPA ID Number | | | C. State Transporter's ID | | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt/Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | | | | | 11 STREET 10849 |
| b. WM Profile # | | | | | | | | 19 13 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | Signature (On behalf of) | | | Month Day Year 11 09 04 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | Signature | | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | Signature | | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name | | | Signature | | | Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|----------------------|--------------------------|--|--|--|--------------------|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. A L D 2 3 4 2 1 9 9 4 3 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675502 | | |
| 3. Generator's Name and Mailing Address 792 CLYDEDALE AVE. WINSTON, PA 16291-5379 | | | | | | A. Manifest Number WMNA 0418057412 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TRUCK CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address PITTSBURGH, PA 15201-0001 | | | 10. US EPA ID Number | | | E. State Transporter's ID | | | | |
| | | | | | | F. Transporter's Phone | | | | |
| | | | | | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone 724/447-1981 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. MOB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | | | | | 11 STREET 127741 |
| b. WM Profile # | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | 70320 / 51512 EMERGENCY CONTACT: DEAN WILLIAMS 601-887-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DEAN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Sally M. [Signature] | | | | Signature | | Month Day Year | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|---|--|---|---------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | Manifest Document No. | 2. Page 1 of 4508675522 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 19067432 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8403 | 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID (256) 035-1000 | D. Transporter's Phone |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone | G. State Facility's ID |
| 9. Designated Facility Name and Site PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | H. Facility's Phone 256/447-1981 | |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | 0 0 1 0 0 0 0 0 0 0 0 0 | | |
| b. WM Profile # | | 1 1 1 1 1 1 1 1 1 1 1 1 | | 11 STREET 108545 |
| c. WM Profile # | | | | Bill 62 Toys |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" | | Month Day Year 1/06/04 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name Sally McFar | | Signature Sally McFar | | Month Day Year 1/20/04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name Steve Jackson | | Signature Steve Jackson | | Month Day Year 1/20/04 |

GENERATOR
TRANSPORTER
FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|---|--|---|----------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | Manifest Document No. | 2. Page of 1 4508675522 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 056234 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID (556) 335-1000 | D. Transporter's Phone |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone | G. State Facility's ID |
| 9. Treated Facility Name and Site Address PINE FOREST REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | 0 0 1 0 0 0 0 0 0 0 0 0 | | 11 STREET 108511 |
| b. WM Profile # | | | | Tons |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DAWN WILLIAMS 601-887-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DAWN WILLIAMS | | Signature (On behalf of) <i>[Signature]</i> "Williams" | | Month Day Year 11/02/04 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McNeil | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sharon Jackson | | | | |
| Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|---------------------|--------------------------|--|--|--|--|-----------------|-------------------|---------------------|----|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | |
| 3. Generator's Name and Mailing Address PIONEER 702 CLYDEDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 13067428 | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT SPECIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt/Vol | I. Misc. Comments | | |
| | | | | | | No. Type | | | | | | |
| | | | | | | a. PCB CONTAMINATED SOIL AND DERRIS | | | | | 11 STREET 108549 | |
| | | | | | | WM Profile # CFE400 | | 2 | D | M | 2000 | BY |
| | | | | | | b. WM Profile # | | | | | 2196 TONS | |
| c. WM Profile # | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-207-1187 | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year 1/01/04 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | |
| Printed/Typed Name Bill Miller | | | | Signature [Signature] | | | | Month Day Year 1/01/04 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|-----------------------|--|--|--|------------------------|------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4150367522 | | |
| 3. Generator's Name and Mailing Address WMNA 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10067429 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 835-1800 | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD E PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | | | | | 11 STREET 179900 |
| b. WM Profile # | | | | | | | | 20.97 | Tons | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: <u>DOWN WILLIAMS 601-807-1187</u> | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. Printed/Typed Name: <u>DOWN WILLIAMS</u> Signature "On behalf of": <u>[Signature]</u> Month Day Year: <u>11/9/07</u> | | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: <u>Glynn Par</u> Signature: <u>[Signature]</u> Month Day Year: <u>11/24/07</u> | | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name: <u>Sherrin Jackson</u> Signature: <u>[Signature]</u> Month Day Year: <u>11/9/07</u> | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

711605-76160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 43-615-2 | | |
| 3. Generator's Name and Mailing Address Piedmont 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067413 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 833-1809 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address TAYLOR CERAMICS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056400 | | | | | | a b c d e f g h i j k l m n o p q r | | | | 11 STREET |
| b. WM Profile # | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-907-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. Printed/Typed Name: DOWN WILLIAMS Signature "On behalf of": <i>[Signature]</i> Month Day Year: _____ | | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Roger McElroy Signature: <i>[Signature]</i> Month Day Year: 11/05/94 | | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name: TAYLOR CERAMICS Signature: <i>[Signature]</i> Month Day Year: 05/01/94 | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

66880

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|-----------------------|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page of 1 | 4508675532 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10067363 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | D. Transporter's Phone (256) 835-1800 | |
| 9. Designated Facility Name and Site Address TAYLOR CENTERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 8. US EPA ID Number | | E. State Transporter's ID | |
| | | 10. US EPA ID Number 100200000000 | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | a b l c M a b b e b y | | | |
| b. WM Profile # | | | | 18.03 | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 681-887-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McPhair | | Signature Billy McPhair | | Month Day Year 11/05/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sonal Garotale | | | | | |
| Signature Sonal Garotale | | Month Day Year 08/19/04 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

788410

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|---|--|--|-----------------------|---|----------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL00004910000 | | Manifest Document No. | | 2. Page of 1 | | 450 695522 | |
| 3. Generator's Name and Mailing Address 702 CLYDEDALE AVE. MONTICELLO, AL 36201-5370 | | | | A. Manifest Number WMNA 450 695522 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name TRITON CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 245-1000 | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address LANDFILL 2885 COUNTY ROAD 6 PETCHONT, AL 36272 | | | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1001 | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | 1 | | | 11 STREET 12/8/97 |
| b. WM Profile # | | | | | | | | | 1/10/00 |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DANN WILLIAMS 501-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

76000

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|-----------|-------------------------------------|-------------------|--------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page of 1 1 | | 4508675522 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 06725 | | 10067397 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total | 14. Unit | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFS400 | | | | | | No. | Type | Quantity | Wt./Vol | 11 STREET 10855 |
| b. WM Profile # | | | | | | | | 22.90 | VMS | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Folly [Signature] | | | | Signature [Signature] | | | | Month Day Year 10/06/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | Signature [Signature] | | | | Month Day Year 06/01/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

T1162 / 69840

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|--|--|--|--------------------------------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page of 1 | | ④4503675-02 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10057364 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1898 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Treated Facility Name and Site Address GENERAL LANDFILL 2505 COUNTRY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | No. Type | | Quantity | | Wt./Vol. | | 11 STREET | |
| b. WM Profile # | | | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOAN WILLIAMS 501-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DOAN WILLIAMS | | | | Signature "On behalf of" <i>Doan Williams</i> | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name <i>Doan Williams</i> | | | | Signature <i>Doan Williams</i> | | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name <i>Doan Williams</i> | | | | Signature <i>Doan Williams</i> | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Title 2 / 60760

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|--|--|--|---------------------------------------|--|---------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. | | 2. Page of 1 | | 450067352 | |
| 3. Generator's Name and Mailing Address MORNING 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 6713067415 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (256) 833-1000 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address PINE CREEK REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 11 STREET | | | | | |
| b. WM Profile # | | | | 11.59 | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 681-307-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name <i>Melinda Perkins</i> | | | | Signature <i>Melinda Perkins</i> | | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name <i>Down Williams</i> | | | | Signature <i>Down Williams</i> | | | | Month Day Year | |

GENERATOR

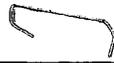
TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|--|--|--|--|-------------------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address NONHANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 06219067370 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 935-1000 | | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Treated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET |
| b.  WM Profile # | | | | | | | | 19.75 TONS |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11/19/94 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Signature Kevin Doherty | | | | |
| Printed/Typed Name Kevin Doherty | | | | Signature | | Month Day Year 11/19/94 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Signature | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature Sherry Jackson | | Month Day Year 11/19/94 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|--|--|--|----------------------------|--|--------------------|----------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page of 1 450 8675528 | | | |
| 3. Generator's Name and Mailing Address MORNING 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10057360 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835 1000 | | | |
| 9. Designated Facility Name and Site TAYLOR CORPORATION REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | | |
| | | | | | | F. Transporter's Phone | | | |
| | | | | | | G. State Facility's ID | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. | Type | | 11 STREET |
| WM Profile # | | | | | | CEE400 | 3 | 4 | 10994 |
| b. | | | | | | | | | TONS |
| WM Profile # | | | | | | | | | |
| c. | | | | | | | | | |
| WM Profile # | | | | | | | | | |
| d. | | | | | | | | | |
| WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DON WILLIAMS 601-887-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | Signature "On behalf of" | | | Month Day Year 11/09/14 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name BILLY McBRIDE | | | | | Signature Billy McBride | | | Month Day Year 11/10/14 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name Sherry Tucker | | | | | Signature Sherry Tucker | | | Month Day Year 11/10/14 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

107180

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|-------------------|--|---------------------|--|--|--|-----------|--|--|--|----------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067395 | | B. State Generator's ID | | | | | | | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 833-1200 | | | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | | | | | | | | | |
| GENERATOR a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 066400 b. WM Profile # c. WM Profile # d. WM Profile # | | | | 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | | | | | | | | | |
| | | | | | | | | | | | | 11 STREET 107908 | | | | | | | | | | | |
| | | | | | | | | | | | | 1937 TONS | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year 11/11/04 | | | | | | | | | | | | | | | |
| TRANSPORTER 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Billy McFar Signature: [Signature] Month Day Year: 11/12/04 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Sherry Tucker | | | | Signature [Signature] | | | | Month Day Year 11/11/04 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|-----------------------|--|--|-----------------------------------|--------------------|---|-------------------|---------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page 1 of 1 | | 1279450867552d | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10067359 | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments | |
| GENERATOR | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET 10905 |
| | WM Profile # | | | | | | CF5400 | | a b c d e f g h i j k l m n o p q r s t u v w x y z | | |
| | b. WM Profile # | | | | | | | | 2318 | | TONS |
| | c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 681-207-1187 | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | | Signature "On behalf of" | | | Month Day Year 10/1/94 | | |
| TRANSPORTER | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name Billy McFar | | Signature Billy McFar | | Month Day Year 10/1/94 |
| | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | Signature | | Month Day Year |
| FACILITY | 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sherry Jackson | | | | | | | | | | |
| | | | | | | Signature Sherry Jackson | | | Month Day Year 10/1/94 | | |



EAP1 51980

NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|---|--|--|--|--|-------------------|-------------------------|------------|-----------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. | | 2. Page 1 of | | | | |
| 3. Generator's Name and Mailing Address HUNTSVILLE 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19067372 | | | | | | |
| 4. Generator's Phone 256 831-8483 | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 975-1000 | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 35272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone 256/447-1861 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments | | |
| | | | | No. | | Type | | | | |
| | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | 11 STREET |
| | | | | WM Profile # | | .CF6400 | | 0 0 1 0 0 0 0 0 0 0 0 0 | | |
| | | | | b. | | | | | 11.00 TONS | |
| c. | | | | | | | | | | |
| d. | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DEAN WILLIAMS 691-887-1167 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DEAN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 1/10/79 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Thomas Thompson | | Signature | | | | |
| | | | | | | Month Day Year 1/10/79 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | | | | |
| | | | | | | Month Day Year 1/10/79 | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

EAPI 74360

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|--|--|-------------------------------------|------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 150861552 | | |
| 3. Generator's Name and Mailing Address NONSAID 702 CLYDESDALE AVE. ANNISTON, AL 35201-5390 | | | | A. Manifest Number WMNA 06710037414 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone | | (256) 625-1000 | | |
| 9. Transporter 2 Company Name | | | | 10. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address REGULATED FACILITY: REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6100 | | | | | | a b l c n d e e r y | | | | 11 STREET |
| b. WM Profile # | | | | | | | | | | 22,91 TONS |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Donn Williams</i> | | | | Month Day Year 11/07/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Thomas Thompson | | | | Signature <i>Thomas Thompson</i> | | | | Month Day Year 11/07/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sheron Jackson | | | | Signature <i>Sheron Jackson</i> | | | | Month Day Year 11/07/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|-------------------------------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL00004019046 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | |
| 3. Generator's Name and Mailing Address WMNA 788 CLYDEDALE AVE. ANNISTON, AL 36201-5398 | | A. Manifest Number WMNA-10067371 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone 256-831-1000 | |
| 4. Generator's Phone 256 251-8400 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2285 COUNTY ROAD 8 PTEDMONT, AL 36278 | | 10. US EPA ID Number 12020060000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. POB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | | | 11 STREET | |
| b. WM Profile # | | | | | | | | 1607 TONE | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1167 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> "consents" | | | | Month Day Year 11/10/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Wanda Peckers</i> | | Signature <i>Wanda Peckers</i> | | | | Month Day Year 11/10/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Sharon Torkan</i> | | | | | | | | | |
| Signature <i>Sharon Torkan</i> | | Month Day Year 11/07/04 | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|---------------------|--|------------------------------------|--|-------------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | Manifest Document No. 5 5 3 8 7 | 2. Page 1 of 1 | 4508675522 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESCALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 2555387 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | C. State Transporter's ID | | D. Transporter's Phone 256-835-1800 | |
| 5. Transporter 1 Company Name Taylor Corporation | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | H. Facility's Phone | |
| 11. Description of Waste Materials | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol | 1. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFB409 | | 1 CM 011 | 20 | cy | 11 Sheds |
| b. WM Profile # | | | | | Tons |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | |
| Purchase Order # | | EMERGENCY CONTACT: Don Williams 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name Don Williams | | Signature "On behalf of" <i>Don Williams</i> "Monsanto" | | Month Day Year 1/19/97 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Melinda Perkins | | Signature <i>Melinda Perkins</i> | | Month Day Year 1/19/97 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name Sherry Jackson | | Signature <i>Sherry Jackson</i> | | Month Day Year 1/19/97 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

6-780

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|-------------------------------------|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. | | 2. Page of 1 | | 4508615322 | |
| 3. Generator's Name and Mailing Address MUNSAUTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-3390 | | 4. Generator's Phone 256 231-6483 | | A. Manifest Number WMNA 10067416 | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (550) 375-1500 | | D. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt/Vol | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | 06600 | | 11 | | 11 | | 11 STREET | |
| b. WM Profile # | | | | | | | | 11 TONS | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 1/00/99 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Melinda Perkins | | Signature <i>Melinda Perkins</i> | | Month Day Year 1/01/99 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name Thomas Thomson | | Signature <i>Thomas Thomson</i> | | Month Day Year 1/01/99 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

FAP1 64980

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address Piedmont 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067377 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address PINE CREEK REGIONAL LANDFILL 2205 COUNTY ROAD E PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 026400 | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | |
| b. WM Profile # | | | | 11 1 | | 1738 TONS | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid # _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 681-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" K | | Month Day Year 10/9/99 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Thomas Thompson | | | | Signature [Signature] | | Month Day Year 10/9/99 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sherry Jackson | | | | | | | |
| | | | | Signature Sherry Jackson | | Month Day Year 10/9/99 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

11160

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|--|--|----------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page of 1 | | 4508675922 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-3390 | | | | A. Manifest Number WMNA 10067401 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | a b i c h a b a b a r | | | | 11 STREET 107910 |
| b. WM Profile # | | | | | | | | 2010 | Tons | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature/On behalf of <i>Don Williams</i> "11/05/04" | | | | Month Day Year 11 05 04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| | | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature <i>Sherry Jackson</i> | | | | Month Day Year 11 18 04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 2 77260

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|--------------------|--|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675502 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067361 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 0 | 0 | 0 | 11 STREET 108546 |
| b. WM Profile # | | | | | | | | 23.15 | Tons |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year 10/2/07 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bobby McRae | | | | Signature Bobby McRae | | | | Month Day Year 10/08/07 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sherry Jackson | | | | | | | | | |
| Signature Sherry Jackson | | | | Month Day Year 10/08/07 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|---|--|--------------------|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. RLD0004019048 | | Manifest Document No. | | 2. Page of 1 | | 4508675522 | |
| 3. Generator's Name and Mailing Address MUNSHAW 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067369 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 833-1880 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | | | No. Type | | | 11 STREET |
| b. WM Profile # | | | | | | | | 20,10 TONS | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | Signature "On behalf of" Month Day Year 10/9/99 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Melinda Perkins | | | | | Signature Melinda Perkins Month Day Year 10/9/99 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | Signature Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Sherry Jackson Signature Sherry Jackson Month Day Year 10/9/99 | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|---|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of | |
| | | 3. Generator's Name and Mailing Address NONHARTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10057374 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 035-1000 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | D. Transporter's Phone | |
| 9. Registered Facility Name and Site Address Piedmont Landfill 2205 COUNTY ROAD 5 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | F. Transporter's Phone | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 0 0 1 C 1 0 0 0 0 0 Y | | | | I. Misc. Comments 11 STREET | |
| b. WM Profile # | | | | | | 10-25 TONS | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11/19/00 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year 11/19/00 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONARCH 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067375 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1880 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address THREE CORNERS RECREATIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6490 | | | | a b c h a b b e b | | | |
| b. WM Profile # | | | | | | | 11 STREET |
| c. WM Profile # | | | | | | | 2005 |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1157 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11/9/97 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name Melinda Perkins | | | | Signature Melinda Perkins | | Month Day Year 11/9/97 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name Shirley Johnson | | | | Signature Shirley Johnson | | Month Day Year 11/9/97 | |



NON-HAZARDOUS MANIFEST

11162 67200

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|----------------------------|-------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page 1 of | | |
| 3. Generator's Name and Mailing Address NONHAZARDOUS 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 06210057376 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 935-1420 | | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address SPECIAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFL480 | | | | B B L C M P P P P Y | | | | 11 STREET |
| b. WM Profile # | | | | | | | | 1756 TONS |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-607-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11 16 02 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name David Canale | | | | Signature [Signature] | | Month Day Year 11 16 02 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name Sherry Tucker | | | | Signature [Signature] | | Month Day Year 11 16 02 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|-------------------|-----------------------|--|-----------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. | | 2. Page 1 of | | | | |
| 3. Generator's Name and Mailing Address MORRIS AUTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10057368 | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 335-1030 | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 205/447-1081 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments | | |
| | | | | No. | | Type | | | | |
| | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | 11 STREET |
| | | | | WM Profile # | | CF6400 | | 0 0 1 C M 0 0 0 0 0 0 | | |
| | | | | b. | | | | | | 19-09 TMS |
| c. | | | | | | | | | | |
| d. | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1107 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11/11/01 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name David Laidie | | | | Signature David Laidie | | Month Day Year 11/11/01 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name SHERYL JACKSON | | | | Signature Sheryl Jackson | | Month Day Year 11/11/01 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

WAC2 85460

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|-----------------------|---|------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page of 1 | 4508675522 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 067323 12067424 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID (256) 815-1400 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | |
| 9. Treated Facility Name, Rank, Site Address 2205 COUNTY ROAD 6 FRIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | F. Transporter's Phone | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | 14. Unit Wt/Vol | |
| b. WM Profile # | | | | I. Misc. Comments 11 STREET 107909 | |
| c. WM Profile # | | | | 27137 TONS | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 581-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" | | Month Day Year 11/09/14 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McFar | | Signature Billy McFar | | Month Day Year 11/09/14 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name Shevon Jackson | | Signature Shevon Jackson | | Month Day Year 11/09/14 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--------------------------------------|-----------------------|--|--|--|--------------------|--|---|--|---------------------|--|---|--|--|--|----------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page of 1 | | 4508675522 | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address MONMOUTH 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 067422 10067422 | | | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID (256) 935-1000 | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | | | | | | | | | | |
| 9. Registered Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | 10. US EPA ID Number 100200000000 | | | E. State Transporter's ID | | | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | | | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 06000 | | | | | | 2 0 1 C M 0 0 0 0 0 0 | | | | | | 11 STREET 107914 | | | | | | | |
| b. WM Profile # | | | | | | | | 20.93 TONS | | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" [Signature] | | | | Month Day Year 11/09/94 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | Printed/Typed Name Silly McFar | | | | Signature [Signature] | | | | Month Day Year 11/09/94 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name Sheela Jackson | | | | | | | | | | Signature [Signature] | | | | Month Day Year 11/09/94 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|---|--|--|--|---------------------------|----------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067365 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 233-1000 | | | | |
| 9. Designated Facility Name and Site Address TAYLOR CORP'S REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | E. State Transporter's ID | | | | |
| | | | | F. Transporter's Phone | | | | |
| | | | | G. State Facility's ID | | | | |
| | | | | H. Facility's Phone 256/447-1081 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480 | | | | 0 2 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET |
| b. WM Profile # | | | | | | | | 108550 Tons |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 1/10/90 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name R. H. McHair | | | | Signature Billy McHair | | Month Day Year 1/9/90 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature Sherry Jackson | | Month Day Year 1/10/90 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|---|-------------------------|--|----------------------------|--|-------------------|--|------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019040 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | |
| | | 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 067378 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | | (256) 935-1000 | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 9. Treatment, Storage, and Disposal Facility Name and Site Address ANNISTON LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone | | 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | | | | |
| | | | | No. Type | | | | | | I. Misc. Comments | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | | | | | | | 11 STREET | | | |
| | | | | | | | | | | 107914 | | | |
| | | | | | | | | | | b. WM Profile # | | 21.95 TONS | |
| | | | | | | | | | | c. WM Profile # | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Disposal Location | | | | | | | |
| Landfill _____ Solidification _____ | | | | | | Cell _____ Level _____ | | | | | | | |
| Bio Remediation _____ | | | | | | Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | Signature "On behalf of" | | | Month Day Year 11/01/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name SOG M. PAIG | | | | | Signature SOG M. PAIG | | | Month Day Year 11/01/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Sheila Taylor | | | | | Signature Sheila Taylor | | | Month Day Year 11/01/04 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|-----------------------|------------------------------|--|--|---------------------------|-----------------|------------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. | | 2. Page of 1 | | 4508675522 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10067423 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 835-1800 | | | | |
| 7. Transporter 2 Company Name | | | | | | E. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt/Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 055408 | | | | | | a b l c h a b b e b y | | | | 11 STREET 107907 |
| b. WM Profile # | | | | | | | | 1993T025 | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-697-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | Signature "On behalf of" | | | Month Day Year 10/1/07 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| | | | | | | | | | | Printed/Typed Name Billy McLean |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherril Jackson | | | | | Signature Sherril Jackson | | | Month Day Year 10/1/07 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|--------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address HENSWICK 702 CLYDESDALE AVE. ANNHISTON, AL 36201-5350 | | | | A. Manifest Number WMNA 206710067417 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 635-1800 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFC402 | | | | a b l c h a b b e e r | | | I. Misc. Comments 11 STREET |
| b. WM Profile # | | | | | | | |
| c. WM Profile # | | | | | | | ANNHISTON |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 691-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name Steven Jackson Signature _____ Month Day Year | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|-----------------------|-------------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | Manifest Document No. | 2. Page 1 of |
| 3. Generator's Name and Mailing Address MORNING 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10067420 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | | C. State Transporter's ID (256) 435-1900 | | D. Transporter's Phone |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | F. Transporter's Phone |
| 9. Designated Facility Name and Address TRISTAR WASTE MANAGEMENT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID |
| | | | | H. Facility's Phone 256/447-1881 |
| 11. Description of Waste Materials | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt/Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | |
| WM Profile # CFS400 | | 0 0 1 0 0 0 0 0 0 0 0 0 | | |
| b. WM Profile # | | | 2666 | Tris |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | |
| Purchase Order # | | EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DOWN WILLIAMS | | Signature "On behalf of" | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name Sherrill Tucker | | Signature | | Month Day Year |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|-----------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10067421 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address HARRIS CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1001 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt/Vol | 1. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFF400 | | | | a b c h i a b e b y | | | | 11 STREET |
| b. WM Profile # | | | | | | | 10-15/1 TONS | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name: _____ Signature: _____ Month Day Year: _____ | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

72080

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|--|--|--|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONSIEUR 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19067419 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 235-1850 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address THREE CARRIERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | a b u c h a b a b a y | | | 11 STREET |
| b. WM Profile # | | | | | | 2047 | E |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Kevin [unclear]</i> | | | | Signature <i>[Signature]</i> | | Month Day Year 11/1/10 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>Don Williams</i> | | | | | | | |
| | | | | Signature <i>[Signature]</i> | | Month Day Year 12/01/10 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|--|-------------------|--|-------------------|--|----------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL00004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | | | | | | |
| 3. Generator's Name and Mailing Address 702 OLYMPIAN AVE. ANNISTON, AL 36201-5396 | | | | A. Manifest Number WMNA 1337390 | | | | | | | | | |
| 4. Generator's Phone 205 231-0433 | | | | B. State Generator's ID | | | | | | | | | |
| 5. Transporter 1 Company Name WASTE MANAGEMENT | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL BOWEN COUNTY ROAD 5 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number | | G. State Facility's ID | | | | | | | |
| | | | | 10. US EPA ID Number 100200000000 | | H. Facility's Phone 205/447-1001 | | | | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | |
| | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | 11 STREET | |
| | | | | WM Profile # | | | | | | | | | |
| | | | | b. WM Profile # | | | | | | | | | |
| | | | | c. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-997-1197 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | | Signature "On behalf of" <i>[Signature]</i> | | | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | | | Signature <i>[Signature]</i> | | | | | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

77180

| | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------|--|---|--|--|---------------------------------|--|----------------------------|--|-------------------|--|-------------------|--|-----------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 450 867 5522 | | | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 205739067384 | | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID (256) 235-1850 | | D. Transporter's Phone | | | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 9. Designated Facility Name and Site Address TERRACE HAVENS REGIONAL LANDFILL 2905 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | | | | | | | | |
| | | | | | | H. Facility's Phone 256/447-1881 | | | | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total | | 14. Unit | | I. Misc. Comments | | | | | |
| | | | | | | No. | | Type | | Quantity | | Wt./Vol. | | | | | |
| | | | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET | |
| | | | | | | WM Profile # | | | | | | EFS400 | | A B C M A B D E D | | 107924 | |
| | | | | | | b. WM Profile # | | | | | | | | 23.22 | | | |
| c. WM Profile # | | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | | | |
| Purchase Order # | | | | | EMERGENCY CONTACT: DONN WILLIAMS 501-897-1187 | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>[Signature]</i> | | | | Month Day Year | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Billy McFar | | | | Signature <i>[Signature]</i> | | Month Day Year 11/13/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | | | Signature | | Month Day Year | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year 136 | | | | | | | | | |

GENERATOR OR FACILITY



NON-HAZARDOUS MANIFEST

McNAIR / 76380

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | |
|--|--|---|---------------------|-----------------------|--|--|--|-------------------------|--|---|--|---------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page of 1 | | 4508675522 | | | | | |
| 3. Generator's Name and Mailing Address MORNING STAR 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10067386 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | C. State Transporter's ID (256) 435-1800 | | D. Transporter's Phone | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | G. State Facility's ID | | H. Facility's Phone | | | | | |
| 9. Designated Facility Name and Site Address MORNING STAR SPECIAL LANDFILL 2805 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | 1100/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol | | 15. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 3 0 L C H 0 0 0 0 0 Y | | | | | | 11 STREET 108513 | |
| b. WM Profile # | | | | | | | | 23.74 | | | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | Purchase Order # _____ EMERGENCY CONTACT: DOAN WILLIAMS 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DOAN WILLIAMS | | | | | | Signature "On behalf of" <i>Doan Williams</i> | | | | Month Day Year | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Billy McNaire | | | | | | Signature <i>Billy McNaire</i> | | | | Month Day Year 11/01/30/17 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator; Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name Sam Garofalo | | | | | | Signature <i>Sam Garofalo</i> | | | | Month Day Year 11/01/30/17 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

77426

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|---|--|--|--|-------------------------------------|----------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004813044 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address 709 CLYDEDALE GUE, TAMMICAL, AL 36284-2050 | | | | A. Manifest Number WMNA 44357389 | | | | |
| 4. Generator's Phone 205 331-8191 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name DOW WILSON | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address LANDFILL MUSCOGEE COUNTY ROAD 2 SHELBYVILLE, AL 36278 | | | | 10. US EPA ID Number | | G. State Facility's ID | | |
| | | | | | | H. Facility's Phone 205 337-1983 | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. WM Profile # | | | | | | | | LI 10071 |
| b. WM Profile # | | | | | | | | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOW WILSONS 801-897-1117 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DOW WILLIAMS | | | | Signature "On behalf of" | | Month Day Year | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | | |
| | | | | | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | | |
| | | | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | Printed/Typed Name | | Signature | | |
| | | | | | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

83120

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------------|--|-------------------|--|----------------------------|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076368 | | B. State Generator's ID | | | | | | | | | |
| 4. Generator's Phone 256 231-8493 | | | | 6. US EPA ID Number | | C. State Transporter's ID (256) 935-1800 | | D. Transporter's Phone | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | | | |
| 9. Treatment, Storage, and Disposal Facility Name and Address PHENOLATED FACILITY REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | | |
| GENERATOR | | | | a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6480 | | 0 0 1 C 1 0 0 0 2 0 Y | | | | | | 11 STREET 108545 | | | |
| | | | | b. WM Profile # | | | | | | 2607 | | | | | |
| | | | | c. WM Profile # | | | | | | | | | | | |
| | | | | d. WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | | |
| Purchase Order # _____ | | | | | | EMERGENCY CONTACT: DOWN WILLIAMS 681-887-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Billy McHair | | | | Signature Billy McHair | | | | Month Day Year 11/01/14 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | |
| Printed/Typed Name Down Williams | | | | Signature Down Williams | | | | Month Day Year 11/01/14 | | | | | | | |

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | |
|--|--|---|--|--|--|--|---------------------|----------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004013048 | | Manifest Document No. | | 2. Page 1 of 1 | | |
| 3. Generator's Name and Mailing Address NONSMITH 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 19076357 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1005 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. Designated Facility Name and Site Address PINE CRAWFORD REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol | 1. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 0 0 1 0 0 0 0 0 0 0 0 0 | | | | 11 STREET BOX 121 |
| b. WM Profile # | | | | | | 21.91 | TONS | |
| c. WM Profile # | | | | | | | | |
| d. WM Profile # | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11/11/80 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name BILLY McMAN | | Signature BILLY McMAN | | |
| | | | | | | Month Day Year 11/21/80 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | | |
| | | | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature Sherry Jackson | | Month Day Year 11/21/80 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

10070

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|-------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page 1 of 1 | | 15001500 | | |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 1076358 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1000 | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | D. Transporter's Phone | | E. State Transporter's ID | | |
| 9. Treatment, Storage, and Disposal Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | | | 2 0 1 2 M 0 0 0 2 0 Y | | | | 11 STREET 107902 |
| b. WM Profile # | | | | | | | | | | Tons |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>[Signature]</i> | | | | Month Day Year 11/11/94 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Billy McFar | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/11/94 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherron Trickett | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/11/94 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

73320

Please print or type. (Form designed for use on elite (12 pitch) typewriter.)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address NEWSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076366 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone 256 231-1000 | |
| 9. Treatment, Storage, and Disposal Facility Name and Address PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | |
| | | | | | | F. Transporter's Phone | |
| | | | | | | G. State Facility's ID | |
| | | | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | |
| WM Profile # CF6400 | | | | 0 0 1 C M 0 0 0 2 0 Y | | 14. Unit Wt./Vol. | |
| b. WM Profile # | | | | | | 11 STREET 108550 | |
| c. WM Profile # | | | | | | 21411 | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DANN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Billy McNeil | | Signature Billy McNeil | |
| | | | | | | Month Day Year 11/3/10 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | |
| | | | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | Signature DANN WILLIAMS | | Month Day Year 11/01/10 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

70380

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|--|--|--|--|-------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address HEKSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076364 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1880 | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treatment, Storage, and Disposal Facility Name and Address REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | | 2 0 1 C M 0 0 0 2 0 Y | | | I. Misc. Comments 11 STREET 108511 |
| b. WM Profile # | | | | | | 22.85 | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name Billy McHair | | | | Signature <i>Billy McHair</i> | | Month Day Year 11/01/94 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name Don Williams | | | | Signature <i>Don Williams</i> | | Month Day Year 1986 7 20 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

67000

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|---------------------------|--|--|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 45087552 | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076353 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835 1882 | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 9. Designated Facility Name and Address Piedmont Environmental Landfill 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 056498 | | | | 0 0 1 C H B 0 0 0 0 0 0 0 0 | | 17.70 | | | | 11 STREET | |
| b. WM Profile # | | | | | | | | | | H | |
| c. WM Profile # | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DOHN WILLIAMS 601-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | |
| Printed/Typed Name DOHN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 2 75050

ie print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|---|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | Manifest Document No. | 2. Page 1 of 1 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10076367 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone (256) 635-1000 |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address STATE GENERAL REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | G. State Facility's ID | H. Facility's Phone 256/447-1881 |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 0 0 1 C M 0 0 0 2 0 Y | | |
| b. WM Profile # | | | 22.35 TONS | |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" | | Month Day Year 10 20 04 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy Markir | | Signature Billy Markir | | Month Day Year 10 20 04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |

GENERATOR FACILITY TRANSPORTER

Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Signature _____ Month Day Year _____



NON-HAZARDOUS MANIFEST

1111CZ 77420

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|-------------------------------------|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address REMSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076362 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Disposal Facility Name and Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. Type | | | I. Misc. Comments |
| WM Profile # CF6400 | | | | 0 0 1 C M 0 0 0 2 0 Y | | | 11 STREET 107900 |
| b. WM Profile # | | | | | | 2318 | Tans |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year 11/02/99 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Billy McNeil | | Signature Billy McNeil | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

11/15/04 ← 10/160

ase print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|-----------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076355 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 635-1800 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treated Facility Name and Address TAPE CONCRETE REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | | | | 2 2 1 C H 0 0 0 2 0 Y | | 22.35 TONS | 11 STREET 10/20/04 |
| b. WM Profile # | | | | | | | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 10/20/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name Billy McFar | | | | Signature <i>[Signature]</i> | | Month Day Year 10/20/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name Shirley Tucker | | | | Signature <i>[Signature]</i> | | Month Day Year 10/20/04 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

600620

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 076356 12076356 | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 935-1900 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treatment Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | No. | | Type | I. Misc. Comments |
| WM Profile # DF6400 | | | | 201 | | CN | 11 STREET 107074 |
| b. WM Profile # | | | | | | 15.13 | |
| c. WM Profile # | | | | | | | |
| d. WM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1167 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Billy McHair | | Signature Billy McHair | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name GARRAIS | | | | Signature Garris | | Month Day Year 10/27/11 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on slits (12-pitch) typewriter.)

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|--|---|--|-------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004219349 | Manifest Document No. 10207 | 2. Page of 1 of 1 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36801-5306 | | A. Manifest Number WMNA 10076387 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-0083 | 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone (256) 235-1000 |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone | G. State Facility's ID |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 35272 | | 10. US EPA ID Number 106200030000 | H. Facility's Phone 205/447-1001 | |
| 11. Description of Waste Materials | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 05E00 | | 11 | 113095 | 11 STREET 113095 |
| b. WM Profile # | | | | |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601 507-1157 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DON WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 11/1/94 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Taylor</i> | | Signature <i>Taylor</i> | | Month Day Year 11/2/94 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name <i>John Williams</i> | | | | |
| Signature <i>John Williams</i> | | Month Day Year | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|--|---|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4500625522 | |
| | | 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | 6. US EPA ID Number | | C. State Transporter's ID | | A. Manifest Number WMNA 0076393 | |
| 4. Generator's Phone 256 231-8483 | | 7. Transporter 1 Company Name TAYLOR CORPORATION | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835-1000 | | B. State Generator's ID | |
| 5. Transporter 2 Company Name | | 9. (Pre-Selected Facility Name and Site Address) PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 1. 2 | | 1. 11.02 TONS | | | | 11 STREET 113101 | |
| b. WM Profile # | | | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: DOAN WILLIAMS 601-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DOAN WILLIAMS | | | | Signature "On behalf of" <i>Doan Williams</i> | | | | Month Day Year 11/02/30/91 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| | | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name <i>Thomas</i> | | | | Signature <i>Thomas</i> | | | | Month Day Year 11/02/30/91 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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see print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|---|--|--|-------------------------------------|--|------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page 1 of 1 | 4508675522 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 076392 | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | | C. State Transporter's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | D. Transporter's Phone (256) 935-1820 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | |
| 9. Disposal Facility Name and Full Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| | | | H. Facility's Phone 256/447-1881 | | |

| 11. Description of Waste Materials | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | 1. Misc. Comments |
|--|----------------|------|--------------------|-------------------|---------------------|
| | No. | Type | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | 0 | 0 | 0 | 0 | 11 STREET 107905 |
| b. WM Profile # | | | 1898 | | TONS |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |

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| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | K. Disposal Location Cell _____ Level _____ Grid _____ |
|---|--|

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED
 Purchase Order # _____ EMERGENCY CONTACT: **DOWN WILLIAMS 601-907-1187**

16. GENERATOR'S CERTIFICATION:
 I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

| | | |
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| Printed/Typed Name DOWN WILLIAMS | Signature "On behalf of" <i>Down Williams</i> | Month Day Year 11/02/04 |
|-------------------------------------|--|----------------------------|

| | | |
|---|----------------------------------|----------------------------|
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | |
| Printed/Typed Name Billy McNeil | Signature <i>Billy McNeil</i> | Month Day Year 11/02/04 |

| | | |
|---|-----------|----------------|
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | |
| Printed/Typed Name | Signature | Month Day Year |

19. Certificate of Final Treatment/Disposal
 I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

| | | |
|---|-------------------------------------|----------------------------|
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | |
| Printed/Typed Name <i>Shirley Jackson</i> | Signature <i>Shirley Jackson</i> | Month Day Year 11/02/04 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|--|--|-------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | Manifest Document No. | 2. Page 1 of 1 | 480067522 |
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 10076391 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835-1000 | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | E. State Transporter's ID | |
| 9. State of Alabama and Regional Landfill PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | F. Transporter's Phone | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | 0 0 1 C M 0 0 0 2 0 Y | | 14. Unit Wt./Vol. | |
| WM Profile # CF6400 | | | | 11 STREET | |
| b. WM Profile # | | | | 1512 TONS | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | |
| Purchase Order # | | | EMERGENCY CONTACT: DONN WILLIAMS 681-807-1187 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year 10 25 04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McHair | | Signature <i>[Signature]</i> | | Month Day Year 10 25 04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name Sherry Jackson | | Signature <i>[Signature]</i> | | Month Day Year 10 25 04 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

114E2 63000

use print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|-------------------------------|--|-----------------------|-----------------|------------|
| NON-HAZARDOUS MANIFEST | 1. Generator's US EPA ID No. ALD004819048 | Manifest Document No. | 2. Page of 1 | 4500675522 |
|-------------------------------|--|-----------------------|-----------------|------------|

| | |
|---|--|
| 3. Generator's Name and Mailing Address ANNISTON 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | A. Manifest Number WMNA 0748076395 |
| 4. Generator's Phone 256 231-8483 | B. State Generator's ID |

| | | | |
|---|---------------------|---------------------------|--|
| 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone (256) 935-1000 |
|---|---------------------|---------------------------|--|

| | | | |
|-------------------------------|---------------------|---------------------------|------------------------|
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone |
|-------------------------------|---------------------|---------------------------|------------------------|

| | | | |
|---|--------------------------------------|------------------------|-------------------------------------|
| 9. TAYLOR CORPORATION AND SITE AT DISPOSAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | 10. US EPA ID Number 100200000000 | G. State Facility's ID | H. Facility's Phone 256/447-1881 |
|---|--------------------------------------|------------------------|-------------------------------------|

| 11. Description of Waste Materials | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
|--|----------------|------|--------------------|-------------------|---------------------|
| | No. | Type | | | |
| a. PCB CONTAMINATED SOIL AND DERRIS WM Profile # CF6400 | 2 | DRUM | | | 11 STREET 107903 |
| b. WM Profile # | | | 16.3 | Tons | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |

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|---|--|
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | K. Disposal Location Cell _____ Level _____ Grid _____ |
|---|--|

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # _____ EMERGENCY CONTACT: **DOWN WILLIAMS 681-907-1187**

16. GENERATOR'S CERTIFICATION:
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

| | | |
|-------------------------------------|--|---------------------------|
| Printed/Typed Name DOWN WILLIAMS | Signature "On behalf of" <i>[Signature]</i> | Month Day Year 11/4/04 |
|-------------------------------------|--|---------------------------|

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|--|---------------------------------|----------------------------|
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Billy McHair</i> | Signature <i>[Signature]</i> | Month Day Year 11/05/04 |
|--|---------------------------------|----------------------------|

| | | |
|---|-----------|----------------|
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | Signature | Month Day Year |
|---|-----------|----------------|

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

| | | |
|---|---------------------------------|----------------------------|
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name T-112222 | Signature <i>[Signature]</i> | Month Day Year 11/25/04 |
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GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

NOTE 52300

ease print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|-----------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page 1 of 1 | 450875522 |
| 3. Generator's Name and Mailing Address NONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 10076394 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID (256) 935-1000 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 7. Transporter 2 Company Name | | D. Transporter's Phone | |
| 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Treatment, Storage, and Disposal Facility Name and Address PIEDMONT REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | 0 0 1 C M 0 0 0 0 0 Y | | 14. Unit Wt./Vol. 113100 | |
| b. WM Profile # | | 10.55 TONS | | I. Misc. Comments 11 STREET | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 681-897-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DON WILLIAMS | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 1/10/2501 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | |
| Printed/Typed Name Billy McElroy | | | Signature <i>Billy McElroy</i> | | Month Day Year 1/10/2501 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name | | | Signature <i>Thomas Williams</i> | | Month Day Year 1/10/2501 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

a print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|--|----------------------------|--|---------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | |
| 3. Generator's Name and Mailing Address MONMOUTH 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 18076425 | | B. State Generator's ID | | | | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | |
| 9. TAYLOR CENTERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | G. State Facility's ID | | H. Facility's Phone | | | | |
| 11. Description of Waste Materials | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6190 | | | | 20 1 C H 0 0 0 2 0 Y | | | | | | 11 STREET 107901 |
| b. WM Profile # | | | | | | 14.0 TONS | | | | |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year 11/26/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name Bobby McHair | | | | Signature Bobby McHair | | | | Month Day Year 11/03/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature Sherry Jackson | | | | Month Day Year 11/26/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

68360

see print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|--|--|--|-------------------------------------|--|-------------------|--|---------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | | Manifest Document No. | | 2. Page 1 of 1 | | 150675522 | | | | | |
| 3. Generator's Name and Mailing Address MCSEANTS 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 1076422 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | (256) 875-1000 | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 7. Transporter 2 Company Name | | D. Transporter's Phone | | E. State Transporter's ID | | | | | |
| 9. Facility Name and Address PIEDMONT COUNTY LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | 10. US EPA ID Number 100200000000 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | | | | 001 CM 00020Y | | | | | | 11 STREET 107912 | |
| b. WM Profile # | | | | | | | | 18.5 | | | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-897-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "Or behalf of" <i>Don Williams</i> | | | | Month Day Year | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Billy McHair | | | | Signature <i>Billy McHair</i> | | | | Month Day Year 11/02/6109 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Signature _____ Month Day Year | | | | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

62240

use print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page 1 of 1 | 4508675522 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 10076423 | | |
| 4. Generator's Phone 256 231-8483 | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835 1880 | |
| 9. (Printed/Typed Name and City) REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | | 0 0 1 C M 0 0 0 2 0 Y | | |
| b. WM Profile # | | | | 15.76 | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-887-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DOWN WILLIAMS | | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | |
| Printed/Typed Name <i>Billy McHair</i> | | | Signature <i>[Signature]</i> | | Month Day Year 11 9 06 09 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | Signature <i>[Signature]</i> | | Month Day Year |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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see print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---------------------------|--|--|--|----------------------------|--|-------------------|--|---------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508674422 | | | | | |
| 3. Generator's Name and Mailing Address WRENSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5300 | | | | | | A. Manifest Number WMNA 10076424 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (256) 835-1800 | | | | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | | | | |
| 9. Treated Facility Name and Address THE EASTERN REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 100200000000 | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | WM Profile # CFE400 | | 0 0 1 C M 0 0 0 2 0 Y | | 15.10 TONS | | 11 STREET 103551 | |
| b. WM Profile # | | | | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year 11 08 60 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Billy McMain | | | | Signature Billy McMain | | | | Month Day Year 11 09 60 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| | | | | Signature | | | | Month Day Year 11 08 60 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

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WAS 1

38 print or type. (Form designed for use on elite (12-pitch) typewriter.)

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| NON-HAZARDOUS MANIFEST | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. 10385 | 2. Page of 1 | 950867552 |
|-------------------------------|--|--------------------------------|-----------------|-----------|

| | |
|---|--|
| 3. Generator's Name and Mailing Address 762 CLYDESDALE AVE. ANNISTON, AL 36201-5350 | A. Manifest Number WMNA 10076385 |
| | B. State Generator's ID |

| | | |
|--------------------------------------|---------------------|---------------------------|
| 4. Generator's Phone 256 231-0483 | 6. US EPA ID Number | C. State Transporter's ID |
|--------------------------------------|---------------------|---------------------------|

| | | |
|---|---------------------|--|
| 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | D. Transporter's Phone (256) 835-1060 |
|---|---------------------|--|

| | | |
|-------------------------------|---------------------|---------------------------|
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID |
|-------------------------------|---------------------|---------------------------|

| | | |
|---|--------------------------------------|------------------------|
| 9. Treatment, Storage, and Disposal Facility Name and Address 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | 10. US EPA ID Number 100200000000 | G. State Facility's ID |
|---|--------------------------------------|------------------------|

| | | | | |
|------------------------------------|----------------|--------------------|----------|-------------------|
| 11. Description of Waste Materials | 12. Containers | 13. Total Quantity | 14. Unit | I. Misc. Comments |
| | No. | Type | /Vol. | |

| | | | | |
|--|----------------|--------------------|----------|--------------------------------|
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | 12. Containers | 13. Total Quantity | 14. Unit | I. Misc. Comments 11 STREET |
|--|----------------|--------------------|----------|--------------------------------|

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|-----------------|----------------|--------------------|----------|---------------------------------|
| b. WM Profile # | 12. Containers | 13. Total Quantity | 14. Unit | I. Misc. Comments 16.67 TONS |
|-----------------|----------------|--------------------|----------|---------------------------------|

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|-----------------|----------------|--------------------|----------|-------------------|
| c. WM Profile # | 12. Containers | 13. Total Quantity | 14. Unit | I. Misc. Comments |
|-----------------|----------------|--------------------|----------|-------------------|

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|-----------------|----------------|--------------------|----------|-------------------|
| d. WM Profile # | 12. Containers | 13. Total Quantity | 14. Unit | I. Misc. Comments |
|-----------------|----------------|--------------------|----------|-------------------|

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| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | K. Disposal Location Cell _____ Level _____ Grid _____ |
|---|--|

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| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DOWN WILLIAMS 601-807-1187 |
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| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. |
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| Printed/Typed Name DOWN WILLIAMS | Signature "On behalf of" | Month Day Year 10/26/04 |
|--|--------------------------|----------------------------|

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|---|---------------------------------|----------------------------|
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Torie Brown</i> | Signature <i>Torie Brown</i> | Month Day Year 10/26/04 |
|---|---------------------------------|----------------------------|

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| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | Signature | Month Day Year |
|---|-----------|----------------|

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|--|
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. |
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|---|-----------------------------------|----------------------------|
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Printed/Typed Name | Signature <i>Down Williams</i> | Month Day Year 10/26/04 |
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GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|--|---|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | Manifest Document No. 1057816 | 2. Page 1 of 1 | 04500675522 |
| 3. Generator's Name and Mailing Address NONHANTS 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | 4. Generator's Phone 256 231-8483 | | A. Manifest Number WMNA 10076386 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1000 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | |
| 9. Treatment Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1002000000000 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | 11 STREET |
| WM Profile # | | CF6400 | 0 0 1 C N 0 0 0 2 0 Y | | |
| b. | | | | 18.37 TONS | |
| WM Profile # | | | | | |
| c. | | | | | |
| WM Profile # | | | | | |
| d. | | | | | |
| WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | |
| Purchase Order # | | | EMERGENCY CONTACT: DONN WILLIAMS 501-807-1187 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" | | Month Day Year 11/16/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name TUSTIN BOWMAN | | Signature <i>Tustin Bowman</i> | | Month Day Year 11/12/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name <i>Sharon Williams</i> | | Signature <i>Sharon Williams</i> | | Month Day Year 11/16/04 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 1 67460

base print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|--|--|-----------------------------|--|-------------------|--|-------------------|--|---|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD00040190407 | | Manifest Document No. 143187 | | 2. Page 1 of 1 | | (1503-1552) | | | | | | | |
| 3. Generator's Name and Mailing Address TONGASTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076388 | | B. State Generator's ID | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1800 | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | | | | | | | |
| 9. Treatment, Storage, and Disposal Facility Name and Site Address PIEDMONT REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | I. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Misc. Comments | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | WM Profile # CF6468 | | 0 0 1 C M 0 0 0 2 0 Y | | | | | | | | 11 STREET | | | |
| b. | | WM Profile # | | | | | | 18.02 TONS | | | | | | | |
| c. | | WM Profile # | | | | | | | | | | | | | |
| d. | | WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" | | | | Month Day Year 1/10/2009 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name TOMMY K... .. | | | | Signature TOMMY K... .. | | | | Month Day Year 1/12/09 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Month Day Year



R11111 1 66140

NON-HAZARDOUS MANIFEST

see print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|-----------------------|--|--|--|--------------------|---------------------------|-------------------|--|---------------------------|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508 75522 | | | | | | |
| 3. Generator's Name and Mailing Address MENCANTO 782 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 10076411 | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | | | | | | | |
| 9. Designated Facility Name and Address PINE LEAFS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | No. Type | | | | | | 11 STREET | | |
| WM Profile # | | | | | | CF6408 0 0 1 C M 0 0 0 0 Y | | | | | | | | |
| b. WM Profile # | | | | | | | | | | | | 174 TONS | | |
| c. WM Profile # | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 501-887-1187 | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | | Signature "On behalf of" | | | Month Day Year 11/2/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name Don Williams | | | Signature | | | Month Day Year 11/2/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | | Signature | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature Thomas Jackson | | | Month Day Year 11/2/04 | | | | | |

GENERATOR
TRANSPORTER
FACILITY



NON-HAZARDOUS MANIFEST

MHC1 60700

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|--|---|------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | Manifest Document No. | 2. Page 1 of 1 | 4508675522 |
| 3. Generator's Name and Mailing Address ANNISTON, AL 36201-5390 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 10076412 | | |
| 4. Generator's Phone 256 231-8483 | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID (256) 835-1800 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone | |
| 9. Treatment, Storage, and Disposal Facility Name and Site Address PIEDMONT, AL 36272 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | | E. State Transporter's ID | |
| | | | | F. Transporter's Phone | |
| | | | | G. State Facility's ID | |
| | | | | H. Facility's Phone 256/447-1881 | |

| 11. Description of Waste Materials | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | 1. Misc. Comments |
|--|----------------|------|--------------------|-------------------|-------------------|
| | No. | Type | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE400 | 20 | 1 CM | 20 | 20 Y | 11 STREET |
| b. WM Profile # | | | | | 1620 Tons |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |

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|---|--|
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | K. Disposal Location Cell _____ Level _____ Grid _____ |
|---|--|

15. Special Handling Instructions and Additional Information
CERTIFICATE OF DISPOSAL REQUESTED

Purchase Order # _____ EMERGENCY CONTACT: **DOWN WILLIAMS 601-887-1187**

16. GENERATOR'S CERTIFICATION:
I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations.

Printed/Typed Name: **DOWN WILLIAMS** Signature "On behalf of": *[Signature]* Month Day Year: **10/27/04**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: *[Signature]* Signature: *[Signature]* Month Day Year: **11/02/04**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: _____ Signature: _____ Month Day Year: _____

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Printed/Typed Name: *[Signature]* Signature: *[Signature]* Month Day Year: **10/27/04**

GENERATOR TRANSPORTER FACILITY



NON-HAZARDOUS MANIFEST

base print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|-------------------------------------|--|----------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | |
| 3. Generator's Name and Mailing Address MICHIGANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 076426 | | B. State Generator's ID | | C. State Transporter's ID | | (256) 375-1000 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | D. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Treated Facility Name and Site Address PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | 2 0 1 2 4 0 0 0 2 0 Y | | | | | | 11 STREET | |
| b. WM Profile # | | | | 12.39 TONS | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-607-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 11/02/08 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name TERRIE BOWAN | | Signature <i>Terrie Bowan</i> | | Month Day Year 11/02/08 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name Sharon Tucker | | Signature <i>Sharon Tucker</i> | | Month Day Year 11/02/08 | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

65147

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|---|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL00004019040 | Manifest Document No. | 2. Page 1 of 1 | 450867552 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36811-5350 | | | A. Manifest Number WMNA 760076409 | | B. State Generator's ID |
| 4. Generator's Phone 206 831-3443 | | | C. State Transporter's ID | | D. Transporter's Phone (206) 625-1020 |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address LANDFILL 2225 COUNTY ROAD 6 PLEDMONT, AL 36272 | | | 10. US EPA ID Number 100200060000 | | G. State Facility's ID |
| | | | H. Facility's Phone 206/447-1841 | | |
| 11. Description of Waste Materials | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # 07600 | | | 0 | 0 | 11 BAGS |
| b. WM Profile # | | | | | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: WMA WILLIAMS 481-097-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | Signature <i>[Signature]</i> | | |
| Printed/Typed Name <i>[Signature]</i> | | | Signature <i>[Signature]</i> | | Month Day Year |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | Signature <i>[Signature]</i> | | |
| Printed/Typed Name | | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | Signature <i>[Signature]</i> | | Month Day Year |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

60960115

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|----------------------|-----------------------|--|--|--|--------------------|---------------------|-----------------|--|----------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | |
| 3. Generator's Name and Mailing Address ANNISTON, AL 36281-5390 | | | | | | A. Manifest Number WMNA 48076408 | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name STATE OF ALABAMA | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2295 COUNTY ROAD 6 PREDMONT, AL 36272 | | | 10. US EPA ID Number | | | E. State Transporter's ID | | | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 206/441-1881 | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | | 15. Misc. Com. | |
| a. PCW CONTAMINATED SOIL AND DEBRIS WM Profile # 1F6-00 | | | | | | 3 21 1 0 0 0 0 0 0 | | | | | | 11 STREET | |
| b. WM Profile # | | | | | | | | | | | | | |
| c. WM Profile # | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | | |
| Purchase Order # | | | | | | EMERGENCY CONTACT: DONN WILLIAMS 601-907-1197 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | | | Signature "On behalf of" | | | Month Da 11/0/91 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Damon Barber | | | | | | Signature | | | Month Da 11/0/91 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Da | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | Month Da 11/0/91 | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--------------------------------------|--|-----------------------|--|-------------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019048 | Manifest Document No. | 2. Page 1 of 1 | 4508675522 | |
| 3. Generator's Name and Mailing Address NONCANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | 4. Generator's Phone 256 231-8483 | | A. Manifest Number WMNA 10076414 | B. State Generator's ID | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID | | D. Transporter's Phone (256) 935-1000 | | |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | | F. Transporter's Phone | | |
| 9. (Printed Facility Name and Address) PIEDMONT LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | 10. US EPA ID Number 100200000000 | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | |
| 11. Description of Waste Materials | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF6400 | | 10 | 1 | 17.91 | TONS | 11 STREET |
| b. WM Profile # | | | | | | |
| c. WM Profile # | | | | | | |
| d. WM Profile # | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 10 28 94 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | |
| Printed/Typed Name <i>Tommy Green</i> | | Signature <i>Tommy Green</i> | | Month Day Year 10 28 94 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. Signature _____ Month Day Year _____ | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

TCW 10/59860

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|--|--|-------------------------------------|--|-------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 10076406 | | B. State Generator's ID | | C. State Transporter's ID | | (256) 435-1000 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | D. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Disposal Facility Name and Address PACIFIC COASTAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Misc. Comments | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | CF6400 0 0 1 C N 0 0 0 2 0 Y | | | | | | 11 STREET | |
| b. WM Profile # | | | | 14.36 | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | Purchase Order # | | EMERGENCY CONTACT: DANN WILLIAMS 681-887-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | Printed/Typed Name DANN WILLIAMS | | Signature "On behalf of" <i>[Signature]</i> | | Month Day Year | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name <i>[Signature]</i> | | Signature <i>[Signature]</i> | | Month Day Year | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | Printed/Typed Name | | Signature | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

67300

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|--|--|-------------------------------------|--|--------------------|--|-------------------|--|-------------------|--|---|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | | | |
| 3. Generator's Name and Mailing Address MEMSANTU 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10076410 | | B. State Generator's ID | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | C. State Transporter's ID (256) 835-1000 | | D. Transporter's Phone | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1081 | | | | | | | | | |
| 9. Treatment, Storage, and Disposal Facility Name and Address THE FURNACE REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | I. Description of Waste Materials | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Misc. Comments | | | |
| a. PCB CONTAMINATED SOIL AND DEBRIS | | WM Profile # CF6400 | | 2 0 1 C H 0 0 0 2 0 Y | | | | | | | | 11 STREET | | | |
| b. | | WM Profile # | | | | | | 18.91 | | | | | | | |
| c. | | WM Profile # | | | | | | | | | | | | | |
| d. | | WM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | | | | Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | | | Month Day Year | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Tommy Gowan</i> | | | | Signature <i>Tommy Gowan</i> | | | | Month Day Year | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

133 65580

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | |
|--|--|--|--|---------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD004019040 | Manifest Document No. | 2. Page 1 of 1 | 4500675522 |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | A. Manifest Number WMNA 10076405 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8483 | | | C. State Transporter's ID | | D. Transporter's Phone (256) 835-1000 |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | F. Transporter's Phone | |
| 9. Designated Facility Name and Street Address TRIPLE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 10020000000000 | | G. State Facility's ID | |
| 11. Description of Waste Materials | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CF5400 | | | 0 | 17.15 TONS | 11 STREET |
| b. WM Profile # | | | | | |
| c. WM Profile # | | | | | |
| d. WM Profile # | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 10/23/04 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Marco Broster</i> | | | Signature <i>Marco Broster</i> | | Month Day Year 10/23/04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

123 / 10176

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|---------------------|-----------------------|--|--|--|------------------------|----------|----------|----------------|--|--|------|------|-----------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 L 3 0 4 8 | | Manifest Document No. | | 2. Page 1 of 1 | | 4508675522 | | | | | | | | |
| 3. Generator's Name and Mailing Address 702 FLYDESSOLE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 4508675522 | | | | | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | D. Transporter's Phone | | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | |
| 9. Designated Facility Name and Site Address AL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 | | G. State Facility's ID | | | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | | 13. Total | 14. Unit | I. | | | | | | |
| | | | | | | No. | | Type | Quantity | Wt./Vol. | Misc. Comments | | | | | |
| | | | | | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | | 11 STREET |
| | | | | | | WM Profile # | | | | | | | | | | |
| | | | | | | b. WM Profile # | | | | | | | | 17.5 | 1000 | |
| c. WM Profile # | | | | | | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 501-897-1187 | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | Signature "On behalf of" <i>[Signature]</i> | | | Month Day Year | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | |
| Printed/Typed Name Marco Brasher | | | | | Signature <i>[Signature]</i> | | | Month Day Year | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month Day Year | | | | | | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | | | | | | |
| Printed/Typed Name SUNCOAST TACO | | | | | Signature <i>[Signature]</i> | | | Month Day Year | | | | | | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

INAC 1 42500

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|---|--|-------------------------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. ALD0004013040 | Manifest Document No. | 2. Page of 1 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 18076421 | | B. State Generator's ID |
| 4. Generator's Phone 205 231-0483 | 5. Transporter 1 Company Name TAYLOR CORPORATION | 6. US EPA ID Number | C. State Transporter's ID | D. Transporter's Phone (205) 826-1000 |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | E. State Transporter's ID | F. Transporter's Phone | G. State Facility's ID |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2005 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200000000 | H. Facility's Phone 205/447-1881 | |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol |
| a. ICE CONTAMINATED OIL AND DEBRIS WM Profile # CF6-00 | | 1 | 109769 | 11th str (pitch) |
| b. WM Profile # | | | | 7 tons |
| c. WM Profile # | | | 576 | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 205-937-1187 | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" | | Month Day Year 10/2/04 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name BRYAN WICKER | | Signature Bryan Wicker | | Month Day Year 10/2/04 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name SHERAN JACKSON | | Signature Sheran Jackson | | Month Day Year 10/2/04 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

MAC 1 67300

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|--|--|---|------------------------------|--|--------------------|----------------------------|-------------------|-----------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page 1 of | | | | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 49076415 | | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | | |
| 5. Transporter 1 Company Name TAYLOR CONSULTATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone 256 231-1000 | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Treatment, Storage, and Disposal Facility Name and Site Address PIEDMONT, AL 36272 2205 COUNTY ROAD 6 LANDFILL | | | | 10. US EPA ID Number 1 0 0 0 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | | | |
| | | | | H. Facility's Phone 256/447-1001 | | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments | |
| GENERATOR | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | | | | 11 STREET |
| | WM Profile # | | | | | | | | | 107906 |
| | b. | | | | | | | | | 1505 TONS |
| | WM Profile # | | | | | | | | | |
| c. | | | | | | | | | | |
| WM Profile # | | | | | | | | | | |
| d. | | | | | | | | | | |
| WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DON WILLIAMS 601-897-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DON WILLIAMS | | | | | Signature "On behalf of" | | | Month Day Year 11/27/97 | | |
| TRANSPORTER | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | Signature TODD BROWN | | Month Day Year 11/27/97 | | |
| | Printed/Typed Name | | | | | Signature | | Month Day Year | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | Signature | | Month Day Year | | | |
| Printed/Typed Name | | | | | Signature | | Month Day Year | | | |
| FACILITY | 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| | 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name Sherril Jackson | | | | | Signature Sherril Jackson | | | Month Day Year 11/27/97 | | |



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|---|--|-------------------------------------|--|---------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL D 0 0 4 0 1 9 0 4 0 | | Manifest Document No. | | 2. Page 1 of 1 | | | |
| | | 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | A. Manifest Number WMNA 7448076416 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name TRAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | D. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address LANDFILL 2855 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number 1 0 0 2 0 0 0 0 0 0 0 0 | | G. State Facility's ID | | H. Facility's Phone 256/447-1881 | | | |
| 11. Description of Waste Materials | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | | |
| | | No. | | Type | | I. Misc. Comments | | | |
| | | a. PCB CONTAMINATED SOIL AND DEBRIS | | | | | | 11 STREET 10X546 | |
| | | WM Profile # | | GT40 201 | | 1000200 | | 2479 TONS | |
| | | b. WM Profile # | | | | | | | |
| c. WM Profile # | | | | | | | | | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | Landfill _____ Solidification _____ | | K. Disposal Location | | Cell _____ Level _____ | | | |
| Bio Remediation _____ | | | | Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | | | | | | |
| Purchase Order # | | | | EMERGENCY CONTACT: JOHN WILLIAMS 681-887-1187 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name JOHN WILLIAMS | | Signature "On behalf of" | | | | Month Day Year 11/10/11 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name TERRIE BOWEN | | Signature | | Month Day Year 11/10/11 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | Signature | | | | Month Day Year 11/10/11 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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|--|--|---|--|--|--|--|--|--|--|--------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004019048 | | Manifest Document No. | | 2. Page 1 of 1 | | 450867552L | | | |
| | | 3. Generator's Name and Mailing Address 702 GLYDESDALE AVE. ANNISTON, AL 36201-3300 | | | | A. Manifest Number WMNA 10076417 | | B. State Generator's ID | | | |
| 4. Generator's Phone 256 231-8463 | | 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 235-1000 | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | | | |
| 9. Designated Facility Name and Site Address GENERAL LANDFILL 2005 COUNTY ROAD 5 PIEDMONT, AL 36272 | | 10. US EPA ID Number 100200090000 | | H. Facility's Phone 256-647-1041 | | | | | | | |
| 11. Description of Waste Materials | | | | 12. Containers | | 13. Total Quantity | | 14. Unit | | 15. Misc. Comments | |
| | | | | No. | | Type | | WT/Vol | | WT/Vol | |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CP6480 | | | | 2 | | 200 | | LB | | 11 STREET | |
| b. WM Profile # | | | | | | | | | | J.A. BROWN | |
| c. WM Profile # | | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: JOHN WILLIAMS 691-897-1187 | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | | |
| Printed/Typed Name JOHN WILLIAMS | | | | Signature "On behalf of" <i>[Signature]</i> | | | | Month Day Year 10 10 11 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | |
| Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10 12 11 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | | |
| Printed/Typed Name Sherry Jackson | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10 10 11 | | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. * (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | | |
|--|--|--|-------------------------------------|--|--|--|--|----------------------------|----------------------|-------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. AL0004819048 | | Manifest Document No. | | 2. Page 1 of 1 | | 450867552 | | |
| 3. Generator's Name and Mailing Address 702 CLYDESCALE AVE. ANNISTON, AL 36201-5390 | | | | | | A. Manifest Number WMNA 47610076419 | | | | |
| 4. Generator's Phone 256 231-0403 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | | 6. US EPA ID Number | | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | D. Transporter's Phone 256 231 1988 | | | | |
| 9. (Designated Facility Name and Site Address) REGIONAL LANDFILL 2805 COLONY ROAD S PIEDMONT, AL 36878 | | | 10. US EPA ID Number 13020090000 | | | E. State Transporter's ID | | | | |
| | | | | | | F. Transporter's Phone | | | | |
| | | | | | | G. State Facility's ID | | | | |
| | | | | | | H. Facility's Phone 205/447-1881 | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers No. Type | | 13. Total Quantity | 14. Unit Wt./Vol. | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # | | | | | | 0 0 1 2 4 0 0 0 0 0 | | | | 11 BAGS 107903 |
| b. WM Profile # | | | | | | | | 20.47 | | T.M.S. |
| c. WM Profile # | | | | | | | | | | |
| d. WM Profile # | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DANN WILLIAMS 601-807-1187 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | | |
| Printed/Typed Name DANN WILLIAMS | | | | Signature "On behalf of" <i>Dann Williams</i> | | | | Month Day Year 11/19/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name TERRIE GOWAN | | | | Signature <i>Terrie Gowan</i> | | | | Month Day Year 11/19/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | | | | |
| Printed/Typed Name Therrell Jackson | | | | Signature <i>Therrell Jackson</i> | | | | Month Day Year 11/19/04 | | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|----------------------|--|-----------------------|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 9 L 0 0 0 4 0 1 7 0 4 A | Manifest Document No. | 2. Page of 1 45086155 22 |
| 3. Generator's Name and Mailing Address 782 CLYDESDALE AVE. ANNISTON, AL 36201-3390 | | A. Manifest Number WMNA 07613076420 | | B. State Generator's ID |
| 4. Generator's Phone 256 231-8403 | 6. US EPA ID Number | C. State Transporter's ID | | D. Transporter's Phone (256) 438-1020 |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | 8. US EPA ID Number | E. State Transporter's ID | | F. Transporter's Phone |
| 7. Transporter 2 Company Name | 10. US EPA ID Number | G. State Facility's ID | | H. Facility's Phone 256/447-1881 |
| 9. Designated Facility Name and Site Address AL LANDFILL BASC COUNTY ROAD 6 PIEDMONT, AL 36272 | | | | |
| 11. Description of Waste Materials | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFB-90 | | 2 0 1 C M 0 0 0 0 0 0 | | |
| b. WM Profile # | | | 15.5 TONS | |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | K. Disposal Location Cell _____ Level _____ Grid _____ | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | |
| Purchase Order # | | EMERGENCY CONTACT: DOWN WILLIAMS 691-887-1187 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DOWN WILLIAMS | | Signature: "On behalf of" <i>[Signature]</i> | | Month Day Year 11/11/11 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Torie Cowan</i> | | Signature <i>Torie Cowan</i> | | Month Day Year 11/11/11 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name <i>Sherry Jackson</i> | | Signature <i>[Signature]</i> | | Month Day Year 11/11/11 |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. A E P P P P P P P P P P P P P P P P | | Manifest Document No. 408675522 | | 2. Page of 11 | |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5300 | | | | A. Manifest Number WMNA 10035420 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (256) 338-1079 | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 256/447-1341 | |
| 9. Designated Facility Name and Site Address REGIONAL LANDFILL 2200 COUNTY ROAD 5 ANNISTON, AL 36272 | | | | 11. Description of Waste Materials | | 12. Containers | |
| | | | | | | 13. Total Quantity | |
| | | | | | | 14. Unit Wt./Vol | |
| | | | | | | I. Misc. Comments | |
| a. MOB CONTAMINATED SOIL AND DEBRIS | | | | WM Profile # DE405 | | 11 SHEET 107908 | |
| b. | | | | WM Profile # | | 1/6 2/1 1/6 P/T | |
| c. | | | | WM Profile # | | | |
| d. | | | | WM Profile # | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-807-1167 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | Month Day Year 11/11/17 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name <i>Billy McManis</i> | | Signature <i>Billy McManis</i> | |
| | | | | | | Month Day Year 11/03/17 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | Signature | |
| | | | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | | | | |
| Printed/Typed Name <i>Sharon Tate</i> | | | | Signature <i>Sharon Tate</i> | | Month Day Year | |

GENERATOR

TRANSPORTER

FACILITY



NON-HAZARDOUS MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | |
|--|--|--|--|-------------------------------|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. 91222222222222222222 | Manifest Document No. 1111111111 | 2. Page of 11 11, 05675522 |
| 3. Generator's Name and Mailing Address 702 CLYDESDALE AVE. ANNISTON, AL 36201-5350 | | | A. Manifest Number WMNA 10035414 | B. State Generator's ID |
| 4. Generator's Phone 256 231-0483 | 6. US EPA ID Number | C. State Transporter's ID | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | 8. US EPA ID Number | D. Transporter's Phone | | |
| 7. Transporter 2 Company Name | 10. US EPA ID Number | E. State Transporter's ID | | |
| 9. Designated Facility Name and Site Address PRIME CONTAINERS TRANSFERAL LANDFILL BRASS COUNTY ROAD 6 PIEDMONT, AL 36272 | 11. Description of Waste Materials | F. Transporter's Phone | | |
| | | G. State Facility's ID | | |
| | | H. Facility's Phone 256/447-1081 | | |
| | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol | I. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS | No. Type | | | 11 STREET |
| WM Profile # | | | | 107008 |
| b. WM Profile # | | | | 2057 TONS |
| c. WM Profile # | | | | |
| d. WM Profile # | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED | | | | |
| Purchase Order # | | EMERGENCY CONTACT: DONN WILLIAMS 601-307-1187 | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | |
| Printed/Typed Name DONN WILLIAMS | | Signature "On behalf of" <i>Don Williams</i> "MONSIEUR" | | Month Day Year 11/1/99 |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name Billie A. Noy | | Signature <i>Billie A. Noy</i> | | Month Day Year 11/1/99 |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | |
| Printed/Typed Name | | Signature | | Month Day Year |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | |
| 20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest. | | | | |
| Printed/Typed Name Sherry Jackson | | Signature <i>Sherry Jackson</i> | | Month Day Year 11/1/99 |



NON-HAZARDOUS MANIFEST

83520

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| | | | | | | | | | |
|--|--|---|--|---|--|--|--------------------|----------------------------|---|
| NON-HAZARDOUS MANIFEST | | 1. Generator's US EPA ID No. A T P 0 0 4 0 1 9 0 4 8 | | Manifest Document No. | | 2. Page of 1' 1508675522 | | | |
| 3. Generator's Name and Mailing Address MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201-5390 | | | | A. Manifest Number WMNA 10085407 | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | B. State Generator's ID | | | | | |
| 5. Transporter 1 Company Name TAYLOR CORPORATION | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (256) 835-1800 | | | | | |
| 9. Designated Facility Name and Site Address THREE CORNERS REGIONAL LANDFILL 2205 COUNTY ROAD 6 PIEDMONT, AL 36272 | | 10. US EPA ID Number | | E. State Transporter's ID | | | | | |
| | | | | F. Transporter's Phone | | | | | |
| | | | | G. State Facility's ID | | | | | |
| | | | | H. Facility's Phone 256/447-1881 | | | | | |
| 11. Description of Waste Materials | | | | | | 12. Containers | 13. Total Quantity | 14. Unit Wt./Vol | 15. Misc. Comments |
| a. PCB CONTAMINATED SOIL AND DEBRIS WM Profile # CFE422 | | | | | | No. Type | | | #757119 11 STREET Dry Core material |
| b. WM Profile # | | | | | | | | 26014 | |
| c. WM Profile # | | | | | | | | W/679469/117 2 OUT | |
| d. WM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above Landfill _____ Solidification _____ Bio Remediation _____ | | | | | | K. Disposal Location Cell _____ Level _____ Grid _____ | | | |
| 15. Special Handling Instructions and Additional Information CERTIFICATE OF DISPOSAL REQUESTED Purchase Order # _____ EMERGENCY CONTACT: DONN WILLIAMS 601-887-1187 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable regulations. | | | | | | | | | |
| Printed/Typed Name DONN WILLIAMS | | | | Signature "On behalf of" <i>Don Williams</i> | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name TERRIE HOWAN | | | | Signature <i>Terrie Howan</i> | | | | Month Day Year 11 17 05 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above. | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of non-hazardous materials covered by this manifest Printed/Typed Name SAM GACOSTA | | | | Signature <i>Sam Gacosta</i> | | | | Month Day Year | |

GENERATOR

TRANSPORTER

May 12, 2005

**COMPLETION REPORT
Volume II of III
Appendices G-J**

**11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama**

ROUX ASSOCIATES, INC.

Environmental Consulting & Management



1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX G
TSCA WASTE MANIFESTS



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

TRK-134 TRK-377 Box 4-52

| | | | | | | |
|---|---|--|--|---|---|---------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEMPT</u> | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address <u>SOLUTIONIA, INC. / MONSIEUR</u> <u>702 CLYDESDALE AVE.</u> <u>ANNISTON, AL 36201</u> | | A. State Manifest Document Number CWMA <u>956683</u> | | B. State Generator's ID | | |
| 4. Generator's Phone <u>256 231-4443</u> | 5. Transporter 1 Company Name <u>ACTION RESOURCE, INC.</u> | | 6. US EPA ID Number <u>A1R000007237</u> | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone <u>(205) 220-8445</u> | | |
| 9. Designated Facility Name and Site Address <u>CHEMICAL WASTE MANAGEMENT, INC.</u> <u>Emelle Facility</u> <u>Alabama Highway 17 at Mile Marker 163</u> <u>Emelle, Alabama 35459</u> | | 10. US EPA ID Number <u>ALD000622464</u> | | E. State Transporter's ID | | |
| | | | | F. Transporter's Phone | | |
| | | | | G. State Facility's ID | | |
| | | | | H. Facility's Phone <u>205/652-9721</u> | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit WT/Vol | 1. Waste No. |
| a. <u>RD, POLYCHLORINATED BIENYLS, SOLID, 9, UN2315,</u> <u>PCIII</u> | | | | <u>16330</u> | | <u>PC3</u> <u>A-52</u> |
| Disposal Approval # <u>57105-0241</u> CWM Profile # <u>02070</u> | | <u>10</u> | <u>3</u> | <u>16330</u> | <u>KG</u> | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | <u>0</u> | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | N. OUT OF SERVICE DATE: <u>10/12/04</u> | | K. Handling Codes for Wastes Listed Above | | |
| State of Generation <u>AL</u> | | | | a. <u>W</u> c. _____ b. _____ d. _____ | | |
| 15. Special Handling Instructions and Additional Information | | | | | | |
| Purchase Order # _____ | | ANNISTON AREA PCB SITE LOCATION: <u>115 steel Hated</u> | | | | |
| Work Order # _____ | | EMERGENCY CONTACT: <u>CHEMTRAC 1-800-424-9300</u> <u>ER00171</u> | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | |
| Printed/Typed Name <u>SOLUTIONIA - DON WILLIAMS</u> | | Signature <u>[Signature]</u> | | | Month Day Year <u>11/01/04</u> | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | |
| Printed/Typed Name <u>Bobby Eustice</u> | | Signature <u>[Signature]</u> | | | Month Day Year <u>11/01/04</u> | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | |
| Printed/Typed Name | | Signature | | | Month Day Year | |
| 19. Discrepancy Indication Space <u>Corrected wt per Mike Swadlow</u> <u>per Donn Williams. 04-10/14/04</u> | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | |
| Printed/Typed Name <u>James E. McDaniel</u> | | Signature <u>[Signature]</u> | | | Month Day Year <u>11/01/04</u> | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

163 9-16

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|--------------------------------------|--|--------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. / MONSANTO 782 CLYDESDALE AVE. ANNISTON, AL 36801 | | | | | | A. State Manifest Document Number CWMA 956682 | | | | | | | |
| 4. Generator's Phone (256 231-0483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number AL000007237 | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | D. Transporter's Phone (900) 228-6045 | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number ALD000622464 | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | E. Waste No. | |
| a. NO. POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | | | | | | | PCB | |
| Disposal Approval # 253196-0014 CWM Profile # EM0278 | | | | | | 1 | | 1 | | 1 | | A-36 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD (AN) (F) SERVICE DATA | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | | | | |
| State of Generation AL | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | | | | | ANNISTON AREA PCB SITE LOCATION: 11 Street North EMERGENCY CONTACT: CHEMTEL 1-800-424-9308 ERM171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DAWN WILLIAMS | | | | Signature | | | | Month Day Year 11 9 12 04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name Sam Baron | | Signature | | Month Day Year 11 01 12 04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name JAMES E. MONTAGNA | | | | Signature | | | | Month Day Year 10 12 04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|-----------------------|--|--|--|---|--|-------------------|--|-------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 356681 | | | | | | | |
| 4. Generator's Phone 256 231-4483 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number 01 E 0 0 0 0 0 7 2 3 7 | | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-2245 | | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number AL D 0 0 0 6 2 2 4 6 4 | | F. State Facility's ID | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. PCB POLYCHLORINATED BIPHENYLS, SOLID, 9, 152315, P011 | | | | | | | | 15658 | | | | PCB AE-166 | |
| Disposal Approval # 256106-0041 CWM Profile # 010A79 | | | | | | | | | | | | | |
| b. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/12/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 17 Street Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EREN171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | | | Signature | | | | Month Day Year 11/01/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James Parker | | | | Signature | | | | Month Day Year 11/01/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space Corrected w/ per Mike Swallen Per Don Williams. 01/10/14/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Don Williams | | | | Signature | | | | Month Day Year 11/01/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

TK 139 TR 2378 A74

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. / mmsmta 782 CLYDESDALE AVE. ANNISTON, AL 36201 | | 6. US EPA ID Number ALR000007E37 | | A. State Manifest Document Number CWMA 956686 | | B. State Generator's ID | | | |
| 4. Generator's Phone (256 231-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | C. State Transporter's ID | | D. Transporter's Phone (205) 228-8845 | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. NO, POLYCHLORINATED BIPHENYLS, SOLID, 9, 198315, PGIII | | No. Type | | 15577 | | | | PCB A-74 | |
| Disposal Approval # 257128 2241 CWM Profile # EM6973 | | | | | | | | | |
| b. Disposal Approval # CWM Profile # | | | | | | | | | |
| c. Disposal Approval # CWM Profile # | | | | | | | | | |
| d. Disposal Approval # CWM Profile # | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/13/04 | | K. Handling Codes for Wastes Listed Above | | a. L | | c. | | | |
| State of Generation AL | | | | b. | | d. | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # | | ANNISTON AREA PCB SITE LOCATION: W. W. 11 street ditch | | EMERGENCY CONTACT: CHEMTRAC 1-888-424-9300 ENH171 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | Printed/Typed Name SOLUTIA - ANN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/01/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Bobby Eustice | | Signature <i>[Signature]</i> | | Month Day Year 11/9/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space OSD advised per Sandra Reeves 10/13/04 Corrected with Ann Williams via Mikala Smoller On 10/15/04 | | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name Anna Clarke | | Signature <i>[Signature]</i> | | Month Day Year 11/11/04 | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | |
|---|---|--|---|--|---|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEFDT</u> | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | | |
| 3. Generator's Name and Mailing Address <u>SOLUTIA, INC. / Mmsan TO</u> <u>702 CLYDESDALE AVE.</u> <u>ANNISTON, AL 36201</u> | | A. State Manifest Document Number CWMA <u>956685</u> | | B. State Generator's ID | | | |
| 4. Generator's Phone (<u>256 231-8443</u>) | 5. Transporter 1 Company Name <u>ACTION RESOURCE, INC.</u> | | 6. US EPA ID Number <u>01E000007237</u> | C. State Transporter's ID | | D. Transporter's Phone <u>(256) 231-8445</u> | |
| 7. Transporter 2 Company Name | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | G. State Facility's ID | |
| 9. Designated Facility Name and Site Address <u>CHEMICAL WASTE MANAGEMENT, INC.</u> <u>Emelle Facility</u> <u>Alabama Highway 17 at Mile Marker 163</u> <u>Emelle, Alabama 35459</u> | | 10. US EPA ID Number <u>ALD0000622464</u> | | H. Facility's Phone <u>205/652-9721</u> | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | 15. Waste No. | |
| a. <u>NO, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2815, PGIII</u> | | | | | | PCB <u>107709</u> | |
| Disposal Approval # <u>256-031</u> CWM Profile # <u>03170</u> | | | <u>0</u> | <u>1</u> | <u>0</u> | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above <u>OUT OF SERVICE UNIT</u> <u>10/13/04</u> | | | K. Handling Codes for Wastes Listed Above a. <u>L</u> c. b. <u>L</u> d. | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ <u>ANNISTON AREA PCB SITE</u> <u>LOCATION: 11 Street North</u> <u>EMERGENCY CONTACT: CENTRE: 1-800-424-9300 EPC0171</u> | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name <u>SOLUTIA - DON WILLIAMS</u> | | Signature <u>[Signature]</u> | | Month Day Year <u>11 01 04</u> | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name <u>MICHAEL HALE</u> | | Signature <u>[Signature]</u> | | Month Day Year <u>11 01 04</u> | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space <u>10/13/04 ET</u> <u>added see per Sandra Reeves</u> | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | |
| Printed/Typed Name <u>Imma Creeke</u> | | Signature <u>[Signature]</u> | | Month Day Year <u>11 01 04</u> | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIONIA, INC. / Morrison TO 702 CLYDESDALE AVE. ANNISTON, AL 36801 | | | | A. State Manifest Document Number CWMA 956684 | | B. State Generator's ID | | | |
| 4. Generator's Phone (256 231-0403 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number ALR0000007237 | | D. Transporter's Phone (800) 228-0645 | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number 2004 | | E. State Transporter's ID | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | |
| a. 90, POLYCHLORINATED BIPHENYLS, SOLID, 9, UAC315, PGIII | | | | No. Type | | Quantity | | Waste No. | |
| Disposal Approval # 051105-9241 CWM Profile # 05075 | | | | 1 | | 1 | | 905 | |
| b. | | | | | | | | 10/13/04 | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD OUT OF SERVICE DATE: 10/13/04 | | | | K. Handling Codes for Wastes Listed Above | | | | | |
| State of Generation AL | | | | a. | | | | | |
| | | | | b. | | | | | |
| | | | | c. | | | | | |
| | | | | d. | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Street North EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERM171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIONIA - RON WILLIAMS | | | | Signature | | | | Month Day Year 11/01/3/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Jerry Farley | | | | Signature | | | | Month Day Year 11/01/3/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Discrepancy Indication Space OSD added see J per Sandra Reese 10/13/04 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Ann | | | | Signature | | | | Month Day Year 11/01/3/04 | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

LD #163852

Box 311 - 85-013-07

Form Approved, OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. / Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36801 | | A. State Manifest Document Number CWMA 956687 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (205) 224-4445 | |
| 4. Generator's Phone 205 221-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR0000070237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. RR, POLYCHLORINATED BIPHENYLS, SOLID, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 | | No. 1 | | Type 19 | | 1283 | | 03 25013 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | c. Disposal Approval # _____ CWM Profile # _____ | | d. Disposal Approval # _____ CWM Profile # _____ | | e. Disposal Approval # _____ CWM Profile # _____ | | f. Disposal Approval # _____ CWM Profile # _____ | |
| J. Additional Descriptions for Materials Listed Above ON OUT OF SERVICE DATE: 10/15/04 | | K. Handling Codes for Wastes Listed Above <input checked="" type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. | | State of Generation AL | | Purchase Order # _____ | | Work Order # _____ | |
| 15. Special Handling Instructions and Additional Information ANNISTON AREA PCB SITE LOCATION: 11 sheet white | | EMERGENCY CONTACT: CH2M HILL 1-800-424-9300 ENCL 1/1 | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name SOLUTIA - DANN WILLIAMS | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Signature <i>[Signature]</i> | | Month Day Year 11/01/04 | | Printed/Typed Name Richard Thomas | | Signature <i>[Signature]</i> | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Signature | | Month Day Year | | 19. Discrepancy Indication Space USD added per sample recover 10/15/04 | | Correct/lots per Dann Williams via Mike Swadlow, Ok 10/15/04 | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name [Name] | | Signature <i>[Signature]</i> | | Month Day Year 11/01/04 | | Facility | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|-------------------|--|---------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | 6. US EPA ID Number | | A. State Manifest Document Number CWMA 956671 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone (256 831-4443) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone ((205) 224-4443) | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. PCB, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN315, P011 | | | | | | 0 0 1 C M 1 2 0 0 0 X | | | | | | PCB 107710 | |
| Disposal Approval # 953174-5241 CWM Profile # UNKNTS | | | | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/19/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERM171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/19/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/19/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD added Sec 3 per Sandra Reeves 10/19/04 ET | | | | | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/19/04 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Box 107772

Form Approved, OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 60672 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956672 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 220-8845 | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number ALR0000007237 | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | H. Facility's Phone 205/652-9721 | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD000622464 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | | 15. Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 3, UN2315, PGIII | | | | 11512 | | | | PCD | |
| Disposal Approval # 256196-0011 CWM Profile # 256073 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/19/09 | | K. Handling Codes for Wastes Listed Above a. c. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EPCW171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLITA - DEAN WILLIAMS | | Signature | | Month Day Year 11/19/09 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Dou Smith | | Signature | | Month Day Year 11/19/09 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space 050 gallons PCB sample taken 10/19/09 Mikel Buecker sent email to correct it. + add Doc # on 10/19/09 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Anna Marie | | Signature | | Month Day Year 11/19/09 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|---------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 576670 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956670 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8045 | | | |
| 4. Generator's Phone 256 231-0483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number AL180000097237 | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) ML, POLYBROMINATED BIPHENYLS, SOLID, 9, UN315, PGIII | | 12. Containers No. Type | | 13. Total Quantity 14860 | | 14. Unit Wt./Vol. PCD | |
| Disposal Approval # 953125-0244 | | CWM Profile # PC9873 | | 15. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. 75015 | |
| b. Disposal Approval # | | CWM Profile # | | 15. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| c. Disposal Approval # | | CWM Profile # | | 15. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| d. Disposal Approval # | | CWM Profile # | | 15. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. 30760 | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/19/04 | | K. Handling Codes for Wastes Listed Above a. c. d. | | State of Generation AL | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCD SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMREC 1-800-424-9300 ERG#171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name SOLITIA - KIM WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/19/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James Pate | | Signature <i>[Signature]</i> | | Month Day Year 11/19/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | | | |
| 19. Discrepancy Indication Space Michelle Surratt gave MSD added fees per Sandra Reems to correct up on M/F + Add Dept 01/10/04 | | | | | | | | | | 10/19/04 ET | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Inno Cline | | Signature <i>[Signature]</i> | | Month Day Year 10/19/04 | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---------------------------------|--|--|--|---|--|--------------------|--|--------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. C Y E M P T | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVENUE ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956669 | | | | | | | |
| 4. Generator's Phone (256) 231-4463 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number A I R 0 0 0 0 2 7 2 3 7 | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 884-8465 | | | | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | 12. Containers: No. Type | | 13. Total Quantity | | 14. Unit (Wt./Vol) | | Waste No. 25014 | |
| Disposal Approval # 85312E-9241 CWM Profile # CW2379 | | | | | | 1 | | 16529 | | | | | |
| b. Disposal Approval # CWM Profile # | | | | | | | | 2 | | | | | |
| c. Disposal Approval # CWM Profile # | | | | | | | | | | | | | |
| d. Disposal Approval # CWM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/20/04 | | | | | | K. Handling Codes for Wastes Listed Above a. c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # Work Order # | | | | | | ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EPC0171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 02 04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name FELTUS HAMM | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 02 04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space Match Sweden give CSP per Sweden Regs 10/20/04 ST Authorisation to correct at on site for Don Williams 10/20/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year | | | | | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box 2 m 2500707

LD 104522

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956668 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone | |
| 4. Generator's Phone 256 231-8443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone (800) 224-8445 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PSIII | | No. Type | | Quantity | | Wt./Vol. | | PCB 25007 | |
| Disposal Approval # 25106-224 CWM Profile # 25007 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO OUT OF SERVICE DATE: 10/20/04 | | K. Handling Codes for Wastes Listed Above | | a. | | c. | | | |
| State of Generation AL | | b. | | d. | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB SITE | | LOCATION: 119 SITE | | Ditch | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9303 EPC8171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - KIM WILLIAMS | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Jerry Farley | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space OOD per Solutia Release 10/01/04 ST | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Ann Marie | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|----------------|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 50000 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 762 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956666 | | B. State Generator's ID | |
| 4. Generator's Phone (256 231-8483) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (800) 225-8845 | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | F. Transporter's Phone | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. RD, POLYCHLORINATED BIPIRENTS, SOLID, 9, UN2315, PGIII | | | | | | 13,581 | |
| Disposal Approval # 853185-4741 CWM Profile # 123079 | | | | | | 101971015R | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/21/04 | | | | K. Handling Codes for Wastes Listed Above | | | |
| State of Generation AL | | | | a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTEL 1-800-424-3300 ERM171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLUTIA - KIM WILLIAMS | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jerry Farley | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space OSO added per Sandra Revere Corrects weight on manifest per Michele Sawyer per Dan Williams 10/27/04 SR | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name [Signature] | | | | | | | |
| Printed/Typed Name [Signature] | | | | Signature <i>[Signature]</i> | | Month Day Year 11/09/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|-------------------|--|--------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEMPT</u> | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 762 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956867 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (<u>256 231-4443</u>) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (<u>(205) 224-4445</u>) | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number | | F. Transporter's Phone | | G. State Facility's ID | | | | | |
| | | | | | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Waste No. | |
| a. NO. POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PCB | | | | | | | | | | | | PCB A52 | |
| Disposal Approval # <u>253124-0241</u> CWM Profile # <u>UNCLAS</u> | | | | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above <i>(OUT OF SERVICE DATE: 10/21/04)</i> | | | | | | K. Handling Codes for Wastes Listed Above a. <u>C</u> c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTEL 1-800-424-9303 ER04171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DEAN WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD added per waste license 10/21/04 ST | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 9. Printed/Typed Name [Signature] | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/09/04 | | | | | |



HAZARDOUS WASTE MANIFEST

Box # 7 in 25012

(As Required By The Alabama Department of Environmental Management)

0164524

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|--------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. 514665 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 35291 | | | | A. State Manifest Document Number CWMA 956665 | | B. State Generator's ID | | | | |
| 4. Generator's Phone (256) 231-4443 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number A I R 0 0 0 0 7 2 3 7 | | D. Transporter's Phone (256) 231-4443 | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4 | | F. Transporter's Phone | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. 25012 |
| a. <u>RU, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PIII</u> | | | | | | 10,533 | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | 1037104 SR | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/30/04 | | | | K. Handling Codes for Wastes Listed Above a. <u>L</u> c. b. d. | | State of Generation <u>AL</u> | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | | | ANNISTON AREA PCB SITE LOCATION: <u>Ditch</u> EMERGENCY CONTACT: <u>CENTRAL 1-800-424-3300 ERM171</u> | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 10/4/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DAN ADAMS | | | | Signature <i>Dan Adams</i> | | | | Month Day Year 10/22/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Discrepancy Indication Space <u>add added per Sandra Jones DP 10/20/04</u> <u>Corrected weight on manifest per Mikela Swadlow per Don Williams</u> <u>1037104SR</u> | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Donna Williams | | | | Signature <i>Donna Williams</i> | | | | Month Day Year 10/20/04 | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

6d / 164526 Box A-12

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 156674 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956674 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (205) 228-2845 | |
| 4. Generator's Phone (256 231-6403) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number 10-24-26 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. AG, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PCB | | | | 16819 | | | | PCB | |
| Disposal Approval # 027105-0201 CWM Profile # 042074 | | | | | | | | A-12 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | a. c. | | b. d. | | | |
| a) OUT OF SERVICE DATES 10/25/04 | | | | | | | | | |
| State of Generation AL | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: 11517 Ditch | | EMERGENCY CONTACT: CHEMTRAC 1-800-424-9308 ER01171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | Month Day Year 10/22/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Jerry Farley | | Signature <i>Jerry Farley</i> | | Month Day Year 11/02/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space Corrected per Ann Williams via Mike Snedker 10/25/04 | | OSD added per Sandra Peers 10/25/04 ET | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name Ann Williams | | Signature <i>Ann Williams</i> | | Month Day Year 10/25/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | |
|---|--|---|--|---|----------------|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 516675 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITA, INC./Monroeville 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956675 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-6643 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number 01R000007P37 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (205) 231-6643 | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. NO. POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | 13871 | |
| Disposal Approval # 473105-034 CWM Profile # 020073 | | | | | | PCB 25016 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT EXIT OF SERVICE SITE: 10/23/04 | | | | K. Handling Codes for Wastes Listed Above a. c. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 St. Duch EMERGENCY CONTACT: CHEMTEC 1-888-484-9388 ERM171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLITA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jerry Farley | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space Correct per Michele Swallow per Don Williams on 10/23/04 | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name John | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|--|-------------------------------------|---------------------------------|--|---|--|---|--|---|--|-----------|--|-------------------------------------|--|--|--|----------------------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 156673 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956673 | | | | | | | | | | | | | | | |
| 4. Generator's Phone (256) 231-4443 | | | | | | B. State Generator's ID | | | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (205) 231-4443 | | | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | E. State Transporter's ID | | | | | | | | | | | | | | | |
| 10. US EPA ID Number ALD000622464 | | | | | | F. Transporter's Phone | | | | | | | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | | | | | | | | | |
| a. RD, POLYCHLORINATED BI-PHENYLS, SOLID, S, U2315, PCB PCB Disposal Approval # ANNISTON 0341 CWM Profile # 03079 | | | | | | 1 | | 8573 | | PCB | | 107772 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | On 10/25/04 | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD (OUT OF SERVICE) DATE: 10/25/04 | | | | | | K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Ditch EMERGENCY CONTACT: CHEMREC 1-800-424-7300 ERM171 | | | | | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | Printed/Typed Name SOLUTIA - DEAN WILLIAMS | | | | Signature <i>Deanne Williams</i> | | | | Month Day Year 11/07/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Randy Jones</i> | | | | | | | | | | Signature <i>Randy Jones</i> | | | | Month Day Year 11/07/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | | | | | | Signature | | | | Month Day Year | | | | | | | |
| 19. Discrepancy Indication Space Correct wt per Dean Williams on 10/25/04 OS D added see J per Sandra Reeves and Mark Reeves | | | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Emma Taylor | | | | | | | | | | Signature <i>Emma Taylor</i> | | | | Month Day Year 11/07/04 | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

21 164983

Box 10770

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 154937 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLVITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956657 | | B. State Generator's ID 68015 | |
| 4. Generator's Phone 256 231-8443 | | | | | | C. State Transporter's ID 68015 | | D. Transporter's Phone (205) 268-8845 | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | | | 6. US EPA ID Number AL 00 00 00 7 2 3 7 | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number AL 00 00 06 2 2 4 6 4 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | |
| a. NO. POLYMERIZATION DIAPHRAGMS, SOLID, 9, UN2315, PGII | | | | | | No. Type | | Unit | |
| Disposal Approval # 256126-8241 CWM Profile # 68015 | | | | | | 9008 | | Waste No. 10770 | |
| b. Disposal Approval # 11160 CWM Profile # | | | | | | 11510458 | | | |
| c. Disposal Approval # CWM Profile # | | | | | | | | | |
| d. Disposal Approval # CWM Profile # | | | | | | | | | |
| 14. Additional Descriptions for Materials Listed Above NO. LOT OF SERVICE DATE: 10/20/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | |
| State of Generation AL | | | | | | a. c. b. d. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # ANNISTON AREA PCB SITE Work Order # LOCATION: 118th St. PCB Project EMERGENCY CONTACT: CHEMTREC 1-800-424-9353 EICW171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLVITA - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/26/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name Jerry Farley | | Signature <i>Jerry Farley</i> | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | Signature | |
| 19. Discrepancy Indication Space OSD per Don Williams 11/4/05 Corrected weight per Don Williams 11/5/04 SR | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. | | | | | | Printed/Typed Name Don Williams | | Signature <i>Don Williams</i> | |
| | | | | | | Month Day Year 11/26/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

LD 165 293 01 in Box 107774

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|--|--|--|--|---|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 156659 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address <i>Monrovia</i> SCOUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956659 | | B. State Generator's ID # 116 | | | |
| 4. Generator's Phone (256 231-8443) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number 018000007237 | | D. Transporter's Phone (404) 894-8445 | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2815, PGIII | | | | | | 9290 | | PCB | |
| Disposal Approval # 273105-0241 CWM Profile # 000473 | | | | | | | | 107774 | |
| b. | | | | | | 11510452 | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NOT OUT OF SERVICE DATE 10/29/04 | | | | K. Handling Codes for Wastes Listed Above | | a. L c. | | | |
| State of Generation AL | | | | | | b. d. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11th St. PCB Project EMERGENCY CONTACT: CENTREC 1-800-424-3300 ER01171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | |
| Printed/Typed Name SCOUTIA - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | Month Day Year 11/29/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Jerry Farley</i> | | | | Signature <i>Jerry Farley</i> | | Month Day Year 11/29/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space <i>OSD added Sec 3 per Don Williams 11/4/04</i> <i>Corrected Weight per Don Williams 11/5/04</i> | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <i>Don Williams</i> | | | | Signature <i>Don Williams</i> | | Month Day Year 11/29/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

0165296

Form Approved, OMB No: 2050-0039, Expires 9-30-02

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|---|--|--|--|---|--|---------------------------|--|---|--|-------------------|--|-------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 54076 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SELAFID, INC. 782 CLYDEDALE AVE. ANNISTON, AL 36801 | | | | A. State Manifest Document Number CWMA 956676 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (256 831-8483) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (800 228-8445) | | | | | |
| 5. Transporter 1 Company Name ALLIEN RESOURCE, INC. | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. NO. UNIDENTIFIED BODENOLS, SOLID, 9, UN2315, P0111 | | | | Disposal Approval # _____ CWM Profile # _____ | | | | | | | | PCB 107772 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD OUT OF SERVICE DATE: 10/30/04 | | | | K. Handling Codes for Wastes Listed Above | | a. L | | c. | | b. | | d. | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: DWH EMERGENCY CONTACT: CHEMREC 1-800-424-3388 EPCW171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name WALTON - JOHN WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 23 04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bobby Justice | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 23 04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD added See 3 per Don Williams 11/23/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name John Co | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 23 04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

LD 165294 01uc Box 107775

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|---|---|--|---|--|-----------------------------------|--|-------------------|--|--|-----------------------------------|--|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 150658 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 782 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956658 | | | | | | | | | | | | | |
| 4. Generator's Phone (256 231-4483) | | | | | | B. State Generator's ID | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (000) 228-8845 | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | E. State Transporter's ID | | | | | | | | | | | | | |
| 10. US EPA ID Number ALD0000622464 | | | | | | F. Transporter's Phone | | | | | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | | | | | | | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UME315, PCBII | | | | | | | | 8836 | | | | PCB 107775 | | | | | | | |
| Disposal Approval # 423425-4241 CWM Profile # CW0075 | | | | | | | | | | | | | | | | | | | |
| b. | | | | | | | | 1151045R | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AS DOT OF SERVICE DATE: 10/30/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | | | | | | | |
| State of Generation AL | | | | | | a. L c. | | | | | | | | | | | | | |
| b. | | | | | | d. | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11th St PCB Project EMERGENCY CONTACT: CHEMREC 1-800-424-3388 EPC0171 | | | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | | | Month Day Year 11/03/04 | | | | | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | Printed/Typed Name Jerry Farley | | | | | Signature <i>Jerry Farley</i> | | | | | Month Day Year 11/03/04 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | Printed/Typed Name | | | | | Signature | | | | | Month Day Year | | | | |
| 19. Discrepancy Indication Space DSD added see I per Don Williams 11/10/04 Corrected weight per Don Williams 11/5/04 SR | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | | Signature <i>Don Williams</i> | | | | | Month Day Year 11/03/04 | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

1307 107773

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | |
|---|--|---|---|---|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | Manifest Document No. 51515 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 11000 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956656 | | |
| 4. Generator's Phone (256 231-8403) | | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (800) 220-8045 | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | E. State Transporter's ID | | |
| | | | | F. Transporter's Phone | | |
| | | | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 205/652-9721 | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. PCB Box 107773 |
| a. PCB POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2815, IIII | | | | | | |
| Disposal Approval # 05310-0041 CWM Profile # 000070 | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD OUT OF SERVICE DATE: 11/1/01 | | | K. Handling Codes for Wastes Listed Above | | | |
| State of Generation AL | | | a. _____ c. _____ b. _____ d. _____ | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # <input checked="" type="checkbox"/> ANNISTON AREA PCB SITE LOCATION: 11th St. PCB Project EMERGENCY CONTACT: CHEMTRAC 1-800-424-9300 ERM171 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | |
| Printed/Typed Name SOLITIA - JOHN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/10/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Randy Jones | | Signature <i>[Signature]</i> | | |
| | | Signature <i>[Signature]</i> | | Month Day Year 11/10/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | |
| | | Signature | | Month Day Year | | |
| 19. Discrepancy Indication Space OSD PA Sample done Added location PA H. Sweden 11/10/04 | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name [Name] | | Signature <i>[Signature]</i> | | |
| | | Signature <i>[Signature]</i> | | Month Day Year 11/10/04 | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 510662 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956662 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 224-8845 | |
| 4. Generator's Phone 256 231-5443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. PO, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PCB | | | | 8872 | | | | 25015 | |
| Disposal Approval # 052101-0241 CWM Profile # 020475 | | | | 1151045R | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | a. L | | c. | | b. | |
| State of Generation AL | | Date of Service 11/9/04 | | b. | | d. | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | ANNISTON AREA PCB SITE | | LOCATION: 11th St. PCB Project | |
| | | | | | | EMERGENCY CONTACT: CHERTREE 1-800-424-9390 EPCW171 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | Month Day Year 11/9/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name CHRIS JOSEPH | | Signature <i>Chris Joseph</i> | | Month Day Year 11/11/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space | | OSD added Sec 3 per Don Williams 11/9/04 | | Corrected weight on manifest per Don Williams 1151045R | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name Anne Owens | | Signature <i>Anne Owens</i> | | Month Day Year 11/11/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|--|---|--|---|--|-----------------------------------|--|----------------------------|--|-------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 576646 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. <i>Monsanto</i> 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956646 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-0483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8945 | | | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID 20 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number ALD0000622464 | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RS, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PGIII Disposal Approval # 07105-0041 CWM Profile # EM670 b. Disposal Approval # _____ CWM Profile # _____ c. Disposal Approval # _____ CWM Profile # _____ d. Disposal Approval # _____ CWM Profile # _____ | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. 107769 | | | |
| | | | | | | No. | | Type | | | | | | | |
| | | | | | | | | | | 11/10 | | | | 8519 | |
| | | | | | | | | | | 11/9/05 R | | | | | |
| | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Street EMERGENCY CONTACT: CHEMTRAC 1-800-424-9300 ER04171 | | | | | | K. Handling Codes for Wastes Listed Above a. C b. c. d. NO LIST OF SERVICE DATE: 11/5/04 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | Month Day Year 11/05/04 | | | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name <i>Chris Joseph</i> | | Signature <i>Chris Joseph</i> | | Month Day Year 11/05/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD per Don Williams 11/5/04 Corrected weight per Don Williams 11/9/05 R | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | | | |
| Printed/Typed Name <i>Anna Coe</i> | | Signature <i>Anna Coe</i> | | Month Day Year 11/05/04 | | | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEMPT</u> | | Manifest Document No. <u>51071</u> | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address <u>SOLUTIA, INC. <i>Monte</i></u> <u>702 CLYDESDALE AVE.</u> <u>ANNISTON, AL 36201</u> | | A. State Manifest Document Number CWMA <u>956641</u> | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone <u>(205) 224-4445</u> | |
| 4. Generator's Phone <u>205 231-4443</u> | | 5. Transporter 1 Company Name <u>ACTION RESOURCE, INC</u> | | 6. US EPA ID Number <u>016000067237</u> | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address <u>CHEMICAL WASTE MANAGEMENT, INC.</u> <u>Emelle Facility</u> <u>Alabama Highway 17 at Mile Marker 163</u> <u>Emelle, Alabama 35459</u> | | 10. US EPA ID Number <u>ALD000622464</u> | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | 15. Waste No. | |
| a. <u>RE, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN315, PGIII</u> | | No. Type | | Quantity | | Wt./Vol | | Waste No. <u>PCB 113109</u> | |
| Disposal Approval # <u>0215-0541</u> CWM Profile # <u>02079</u> | | 1 CM | | 120000 | | K | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above <u>NO DOT OR SERVICE DATE:</u> <u>OSD 11/12/04</u> | | K. Handling Codes for Wastes Listed Above | | a. <input checked="" type="checkbox"/> | | c. | | | |
| State of Generation <u>AL</u> | | b. <input type="checkbox"/> | | d. <input type="checkbox"/> | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | <u>ANNISTON AREA EXEMPT LOCATION: <i>11th St.</i></u> | | EMERGENCY CONTACT: <u>CHEMTREC 1-800-424-9303</u> | | <u>ENH171</u> | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name <u>SOLUTIA - DON WILLIAMS</u> | | Signature <u><i>Don Williams</i></u> | | Month Day Year <u>11 12 04</u> | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <u><i>Herbert</i></u> | | Signature <u><i>Herbert</i></u> | | Month Day Year <u>11 12 04</u> | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space <u>Corrected name per Don Williams 11/10/04</u> | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <u><i>Don Williams</i></u> | | Signature <u><i>Don Williams</i></u> | | Month Day Year <u>11 12 04</u> | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|-------------------|--|-----------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. AM114 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. <i>Monroeville</i> 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 299754 | | | | | | | |
| 4. Generator's Phone (256 231-8483) | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 228-8845 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 8. US EPA ID Number ALD0000622464 | | E. State Transporter's ID | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. 90, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PCBII | | | | | | No. Type | | 10,025 | | | | PCB 101773 | |
| Disposal Approval # AL-126-0241 CWM Profile # CW070 | | | | | | | | | | | | | |
| b. | | | | | | | | 11/16/04 SR | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| AD DATE OF SERVICE DATE: 11/15/04 | | | | | | a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | | | | | |
| State of Generation AL | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | | | | | | | | | | | | |
| Purchase Order # _____ | | | | | | ANNISTON AREA PCB SITE LOCATION: 11 Street | | | | | | | |
| Work Order # _____ | | | | | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERCH171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DONN WILLIAMS | | | | | | Signature <i>Don Williams</i> | | | | | | Month Day Year 11/15/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Richard Thomas | | | | | | Signature <i>Richard Thomas</i> | | | | | | Month Day Year 11/15/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Month Day Year | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| see OSD added per Donn Williams corrected weight per Donn Williams 11/16/04 SR | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | | | Signature <i>Don Williams</i> | | | | | | Month Day Year 11/15/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|------------------|--|----|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 99158 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLIFPA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299758 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (256 231-8483 | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-6845 | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 053186-9341 CWM Profile # 02075 | | | | No. | | Type | | Quantity | | Waste No. | | | |
| | | | | b. | | c. | | d. | | e. | | f. | |
| | | | | c. | | d. | | e. | | f. | | g. | |
| | | | | d. | | e. | | f. | | g. | | h. | |
| | | | | e. | | f. | | g. | | h. | | i. | |
| J. Additional Descriptions for Materials Listed Above NO UNIT OF SERVICE LISTED 11/18/04 | | | | K. Handling Codes for Wastes Listed Above a. c. | | b. | | d. | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AERIAL SITE LOCATION: 71 Street EMERGENCY CONTACT: CHENTREC 1-800-424-9300 ERG171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLIFPA - DONN WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/11/8014 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | | | Signature <i>Richard Thomas</i> | | | | Month Day Year 11/11/8014 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space see added per don. williams 11/23/04 54 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <i>Don Williams</i> | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/23/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 9191157 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTION, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 299757 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 220-8845 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone 760 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. PCB, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | | | PCB 107774 | |
| Disposal Approval # 053186-9241 CWM Profile # CW9979 | | 001CM12000K | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | NO DATE OF SERVICE DATE: 11/18/04 | | c. | | d. | |
| State of Generation AL | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | ANNISTON AREA PCB SITE | | LOCATION: 11th Street | | EMERGENCY CONTACT: CHEMTRC 1-800-424-9300 ER04171 | | | |
| Purchase Order # _____ | | Work Order # _____ | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTION - DON WILLIAMS | | Signature <i>Don Williams</i> | | Month Day Year 11/18/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Richard Thomas | | Signature <i>Richard Thomas</i> | | Month Day Year 11/18/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space USD PCBs DON WILLIAMS 11/22/04 ST | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Anna Lockett | | Signature <i>Anna Lockett</i> | | Month Day Year 11/22/04 | | | | | |

GENERATOR
TRANSPORTER
FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039, Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|-------------------|--|----------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 1941310 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLVITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299750 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (-) 256 231-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | No. Type | | Quantity | | Unit Wt./Vol. | | PCB 113101 | |
| Disposal Approval # 25396 9241 CWM Profile # CNSA79 | | | | | | a b c h i P b b b k | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT OUT OF SERVICE DATES 11/21/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCD/SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMTRAC 1-800-424-9399 ERGN171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLVITA - DAWN WILLIAMS | | Signature <i>Dawn Williams</i> | | | | Month Day Year 11/21/04 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jasiah Fowler | | Signature <i>Jasiah Fowler</i> | | | | Month Day Year 11/21/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | | | Month Day Year | | | | | | | |
| 19. Discrepancy Indication Space OSP added per Dawn Williams 11/22/04 E1 with on file 11/22/04 E7. | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Ann | | Signature <i>Ann</i> | | | | Month Day Year 11/21/04 | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | |
|---|--|--|--|--|---|---------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMP | Manifest Document No. 997766 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299766 | | |
| 4. Generator's Phone (256 231-8483) | | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | | | D. Transporter's Phone (800 228-8845) | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 8. US EPA ID Number | | E. State Transporter's ID |
| | | | | F. Transporter's Phone | | |
| | | | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 205/652-9721 | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. |
| a. PCII, POLYCHLORINATED BIURENOLS, SOLID, 1, UN2315, PCII | | | | | 9117 | |
| Disposal Approval # 256-231-8483 CWM Profile # 256-231-8483 | | | | Waste No. PCB 107776 | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO PART OF SERVICE UNIT 11/22/04 | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ ANNISTON AREA PCB SITE Work Order # _____ LOCATION: 11 Street Ditch EMERGENCY CONTACT: CHEMREC 1-800-424-9309 ER01171 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | |
| Printed/Typed Name SOLITIA - DAN WILLIAMS | | Signature <i>D Williams</i> | | Month Day Year 11/22/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Sam Aaron | | | | | | |
| Signature <i>Sam Aaron</i> | | Month Day Year 11/22/04 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | | |
| Signature | | Month Day Year | | | | |
| 19. Discrepancy Indication Space NO state of Al. copy w/ corrected per Emel OSP added per Dan Williams 11/22/04 ET letter on file | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name John | | | | | | |
| Signature <i>John</i> | | Signature <i>John</i> | | | Month Day Year 11/22/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|--|--|---|--|---|--|--|--|---|--|---|--|-----------------------------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 097760 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 362012004 | | | | A. State Manifest Document Number CWMA 299760 | | B. State Generator's ID | | | | | | | | | |
| 4. Generator's Phone (256 231-8403) | | | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RG, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. Waste No. 10775 | | | | | |
| Disposal Approval # 053185 9241 CWM Profile # 03029 | | | | b. Disposal Approval # _____ CWM Profile # _____ | | c. Disposal Approval # _____ CWM Profile # _____ | | d. Disposal Approval # _____ CWM Profile # _____ | | J. Additional Descriptions for Materials Listed Above NOT OUT OF SERVICE WATER 11/23/04 | | | | | |
| K. Handling Codes for Wastes Listed Above a. _____ b. _____ c. _____ d. _____ | | | | 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMTREC 1-800-424-9309 ENR171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLUTIA - DAN WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/22/04 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/22/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | |
| 19. Discrepancy Indication Space 555 called for Dan Williams 11/23/04 ET 700 13 work. via email | | | | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name [Signature] | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|--------------------|---|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address Monsanto SOCIETY, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299764 | | B. State Generator's ID | |
| 4. Generator's Phone (256 231-8483) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone ((800) 224-4845) | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | F. State Facility's ID | | G. Facility's Phone 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | 1000 | | PCB 113095 |
| Disposal Approval # 65148-9241 CWM Profile # CW0473 | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # 299764 CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO DATE OF SERVICE DATE: 11/25/04 | | | | K. Handling Codes for Wastes Listed Above a. _____ c. _____ b. _____ d. _____ | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: _____ Street EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ER01171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste, generation and select the best waste management method that is available to me and that I can afford. | | | |
| Printed/Typed Name SOCIETY - DOWN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/14/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Doug Smith | | Signature <i>[Signature]</i> | | Month Day Year 11/14/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space USD checked Don Williams on 11/25/04 WY. corrected per email PA 11/24/04 | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Anna Coe | | Signature <i>[Signature]</i> | | Month Day Year 11/25/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|-----------------------|--|---|--|---|--|-------------------|--|--------------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Solutia, INC. <i>Monsanto</i> 782 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 299763 | | | | | | | |
| 4. Generator's Phone (256 231-8483) | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 228-8845 | | | | | | | |
| 8. US EPA ID Number 60 | | | | | | E. State Transporter's ID | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | F. Transporter's Phone | | | | | | | |
| 10. US EPA ID Number ALD000622464 | | | | | | G. State Facility's ID | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | 1 | | 1 | | 1 | | PCB 25013 | |
| Disposal Approval # 053125-9941 CWM Profile # 03079 | | | | | | 0 0 1 | | 0 0 0 0 0 0 | | 0 0 0 0 0 0 | | | |
| b. Disposal Approval # CWM Profile # | | | | | | | | | | | | | |
| c. Disposal Approval # CWM Profile # | | | | | | | | | | | | | |
| d. Disposal Approval # CWM Profile # | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 11/03/04 | | | | | | K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | | | | | |
| State of Generation AL | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # <input checked="" type="checkbox"/> ANNISTON AREA PCB SITE LOCATION: 114 Street Work Order # CHEMTRAC 1-800-424-9380 EX04171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DAN WILLIAMS | | | | | | Signature <i>Dan Williams</i> | | | | | | Month Day Year 11 12 30 04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Doc Smith | | | | | | Signature <i>Doc Smith</i> | | | | | | Month Day Year 11 12 30 04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Month Day Year | |
| 19. Discrepancy Indication Space OSD added per Dan Williams 11/03/04 ST | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Annio Owens | | | | | | Signature <i>Annio Owens</i> | | | | | | Month Day Year 11 23 04 | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|--|--|---------------------------------------|--|---|--|---|--|-------------------|--|---------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. 99151 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 299751 | | | | | | | |
| 4. Generator's Phone (256 231-8483) | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 228-8845 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | E. State Transporter's ID | | | | | | | |
| 10. US EPA ID Number ALD000622464 | | | | | | F. Transporter's Phone | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. NO, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNE315, PGIII | | | | | | No. Type | | Quantity | | Unit Wt./Vol. | | Waste No. | |
| Disposal Approval # 95312-9241 CWM Profile # 1/11 | | | | | | 1 | | 10478 K | | PCB | | 23176 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT OUT OF SERVICE DATE 11/23/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| State of Generation AL | | | | | | a. L c. _____ | | | | | | | |
| b. _____ d. _____ | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA 100 SING Street LOCATION: _____ EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EXCH171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - CLAY WILLIAMS | | | | Signature | | | | Month Day Year 11/23/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Scott Gorton | | | | Signature | | | | Month Day Year 11/23/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSP added sat per Donn Williams letter on file E1 sec. 13 con. per Email 11/23/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Donn Williams | | | | Signature | | | | Month Day Year 11/23/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|--|---------------------------------|--|-----------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EX E M P T | | Manifest Document No. AM1132 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | |
| 3. Generator's Name and Mailing Address Monseito SOLULLIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299752 | | B. State Generator's ID | | | | | | | | | |
| 4. Generator's Phone (256 231-8483 | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | | | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | | | |
| a. RL POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | Disposal Approval # MS2196-4241 CWM Profile # EM0079 | | b. 2000 | | c. 1 | | d. PE3 | | e. A-82 | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | c. _____ | | d. _____ | | e. _____ | | f. _____ | | g. _____ | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | d. _____ | | e. _____ | | f. _____ | | g. _____ | | h. _____ | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | e. _____ | | f. _____ | | g. _____ | | h. _____ | | i. _____ | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE 11/23/04 | | | | K. Handling Codes for Wastes Listed Above a. L c. _____ b. _____ d. _____ | | State of Generation AL | | 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PERMITS LOCATION: 11th Street EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ER01171 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | Printed/Typed Name SOLLITA - DON WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/23/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name JASON FOWLER | | Signature <i>[Signature]</i> | | Month Day Year 11/12/04 | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | | | | | | | |
| 19. Discrepancy Indication Space OSD added per Donn Williams, letter on file 11/23/04 | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | | | |
| Printed/Typed Name Don Williams | | Signature <i>[Signature]</i> | | Month Day Year 11/23/04 | | | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 1997105 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36801 | | A. State Manifest Document Number CWMA 299765 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR0000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | H. Facility's Phone 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | 8292 | | | | MSB 25012 | |
| Disposal Approval # 253186-9241 CWM Profile # CW2879 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | a. C | | c. | | | |
| State of Generation AL | | | | b. | | d. | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | ANNISTON HAZ WASTE SITE LOCATION: 11th Street | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9383 ERM171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Jean Fuller | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space OSD Address re Don Williams 11/24/04 see 13 corrected per letter | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Donna | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. 11/12/04 | | 2. Page of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address MAGSANA SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 299762 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | |
| 4. Generator's Phone 256 231-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number ALR0000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | | | PCB 23347 | |
| Disposal Approval # 953185-0241 CWM Profile # CW0073 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO DATE OF SERVICE DATE | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| State of Generation AL | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: 11/24/04 | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ER00171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/12/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Richard Thomas | | Signature <i>[Signature]</i> | | Month Day Year 11/12/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name Don Williams | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

167154

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | |
|---|--|---|-----------------------------------|--|---|------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address <i>Marsmit</i> SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299748 | | |
| 4. Generator's Phone (256 231-8483 | | | | B. State Generator's ID | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR0000007237 | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (800) 228-8845 | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | E. State Transporter's ID | | |
| | | | | F. Transporter's Phone | | |
| | | | | G. State Facility's ID | | |
| | | | | H. Facility's Phone 205/652-9721 | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol |
| a. PCB, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | 8510 | K |
| Disposal Approval # 057104-0241 CWM Profile # CW3079 | | | | Waste No. PCB 1107975 | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO INFO ON SERVICE DATE: 12/01/04 | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB/SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMREC 1-800-424-4300 ER0171 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>[Signature]</i> | | | Month Day Year 12/01/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | Signature <i>[Signature]</i> | | | Month Day Year 11/29/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | | Month Day Year | |
| 19. Discrepancy Indication Space OSD added per Donna Williams 12/1/04 see 13 corrected per letter | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Emma Taylor | | | | | | |
| Signature <i>[Signature]</i> | | | Month Day Year 12/01/04 | | | |

GENERATOR

TRANSPORTER

FACILITY

APPENDIX H

NON-HAZARDOUS DEBRIS MANIFESTS

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30454

GENERATOR

Generator Name Taylor Soliciting Generating Location Soliciting
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | Type |
| Cross-ties | 20 | C | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date _____ Driver Signature [Signature] Shipment Date 8-13-04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED BA YES NO _____
CELL # _____

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature [Signature] Receipt Date 8-13-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30452

GENERATOR

Generator Name Jayko Corp
~~9779 Solitica~~
Generating Location Solitica Property
Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|----|--|------------|-----|------|
| | | | | Units | No. | Type |
| Crossies | | 24 | | C | 1 | T |
| | | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. MacHy 1 106550 Phone No. _____
Transporter Name IWI 7:34 Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McChain _____ 8-13-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

John P. Jay _____ 8-13-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30480

GENERATOR

Generator Name Taylor Corp Generating Location Solixity
Solixity Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | | |
|----------------------|------------|-------|-----|------|--|
| | Quantity | Units | No. | Type | |
| Crossties | 20 | C | 1 | T | CONTAINER TYPE D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. Mack 252 Phone No.: _____
Transporter Name IWI 108550 Driver Name (Print) _____
Address Shingles Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McQueen Shipment Date _____ Billy McQueen 8/14/04
Driver Signature Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

Chris P. [Signature] 8-14-04
Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30481

GENERATOR

Generator Name Taylor Corp Generating Location Selmitia
Selmitia Job Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | Type |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | |
| Cross ties Fence | 20 | C | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. max 1 1135 Phone No. _____
Transporter Name IWI 108549 Driver Name (Print) _____
Address Shingles Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil Driver Signature _____ Shipment Date _____
Billy McNeil Driver Signature _____ 8-14-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # BR

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris P. Shy Name of Authorized Agent _____ Signature _____ 8-14-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30482

GENERATOR

Generator Name ~~W. Taylor Corp~~ Solid Tie Job

Generating Location Solid Tie
Address Panama

Phone No.: _____

Phone No.: _____

IWI CODE: _____

Containers

Description of Waste

Quantity

Units

No.

Type

Fence
cross ties

20

C

1

T

CONTAINER TYPE

D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS

L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. mack 1 9:55
Transporter Name FWI 108550
Address Cross ties

Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Billy McNeil Shipment Date _____

Driver Signature Billy McNeil Shipment Date 8-14-04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature Pat D. [Signature]

Receipt Date 8-14-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30478

GENERATOR

Generator Name Taylor Corp Generating Location Solivia
Solivia Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | Type |
|----------------------|------------|----------|----------|----------|
| | Quantity | Units | No. | |
| <u>Cross ties</u> | <u>20</u> | <u>C</u> | <u>1</u> | <u>T</u> |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. MacK 1 10:05 Phone No. _____
Transporter Name IWI KB550 Driver Name (Print) _____
Address Railroad Ties Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNain 8-16-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature Chris D. [Signature]

Receipt Date 8-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30467

GENERATOR

Generator Name Taylor Corp
Solut 9 Job Generating Location Solut 9
Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | Type |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | |
| cross ties | 20 | C | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. Mack 1:30 Phone No. _____
Transporter Name IWI 107900 Driver Name (Print) _____
Address Rail Road Ties Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil Driver Signature Shipment Date _____ Billy McNeil Driver Signature 8-17-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris D. May Name of Authorized Agent Signature 8-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30468

GENERATOR

Generator Name Taylor Corp
Solix 19 Job
Generating Location Solix 19
Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | Type |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | |
| Cross ties | 22 | C | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. Mack 1239
Transporter Name FWI 108550
Address Railroad ties
Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McKen _____ Billy McKen _____
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____
CELL # BR

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature Chris D. Jay

Receipt Date 8-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30470

GENERATOR

Generator Name Taylor Corp.
Sublet 19 Job
Generating Location Sublet 19
Address Duncan
Phone No.: _____
Phone No.: _____
IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|----------|-------|-----|------|---|
| Cross-ties | 22 | C | 1 | T | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. mach 1 9:00
Transporter Name IWI 105549
Address Rail Road Ties
Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair _____ 8-17-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES _____ NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris D. Jay _____ 8-17-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30518

GENERATOR

Generator Name 114 St. Ditch

Generating Location _____

Address _____

Phone No.: _____

Phone No.: _____

IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | |
|----------------------|----------|-------|-----|------|---|
| Cross-ties | 19 | C | 1 | T | 20 CONTAINER TYPE D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. Mich I

Phone No. _____

Transporter Name ILI

Driver Name (Print) _____

Address _____

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature]

Shipment Date _____

Driver Signature [Signature]

Shipment Date 9/27/04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature [Signature]

Receipt Date 9-27-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30672

GENERATOR

Generator Name ~~ITC~~ Taylor Corp
Generating Location ~~11th St~~ 11th St
Address _____
Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | Type |
| Cross ties | 35 | 40 | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack 2
Transporter Name Taylor Corp
Address _____
Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Bill McChen Shipment Date 11-02-04 Driver Signature Bill McChen Shipment Date 11-02-04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature Ann D. [Signature] Receipt Date 11-2-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30803

GENERATOR

Generator Name Taylor Corp Generating Location 11th Street
Address _____

Phone No.: _____ Phone No.: _____

IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|----------|-------|-----|------|---|
| Cross ties | 23 | C | 1 | T | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. Mack 2 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billie McNair 11-16-04 Billie McNair 11-16-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30804

GENERATOR

Generator Name Taylor Corp Generating Location 11th Street
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|---|--|------------|-----|------|
| | | | | Units | No. | Type |
| crossties | 1 | 5 | | C | 1 | T |
| | | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack 1 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Toni Or 11-12-04 Toni Or 11-12-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 11-12-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30801

GENERATOR

Generator Name Taylor Corp. Generating Location 11th Street
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|----|--|------------|-----|------|
| | | | | Units | No. | Type |
| Cross ties | | 25 | | C | 1 | T |
| | | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. MacK 2 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil 11-16-04 Billy McNeil 11-16-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Neil P. [Signature] 11-16-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30802

GENERATOR

Generator Name Taylor Corp. Generating Location 11th Street
Address _____

Phone No.: _____ Phone No.: _____
IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|-----------|----------|----------|----------|---|
| <u>Crossties</u> | <u>20</u> | <u>C</u> | <u>1</u> | <u>T</u> | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack 2 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McElair 11-16-04 Billy McElair 11-16-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # 132

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 11-16-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30546

GENERATOR

Generator Name Taylor Corp

Generating Location 11th Street

Address _____

Phone No.: _____

Phone No.: _____

IWI CODE: _____

Containers

30546

Description of Waste

Quantity

Units

No.

Type

Cross ties

23

C

1

T

108548
CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. _____

Phone No. _____

Transporter Name _____

Driver Name (Print) _____

Address _____

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Louie Doh Shipment Date 11-17-04

Driver Signature Louie Doh Shipment Date 11-17-04

DESTINATION

Site Name Industrial Waste Inc.

Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____

CELL # 132

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

[Signature]

11-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30547

GENERATOR

Generator Name Taylor Corp. Generating Location 11th
Address _____

Phone No.: _____ Phone No.: _____

IWI CODE: _____ Containers 40 yrd

| Description of Waste | Quantity | Units | No. | Type | |
|----------------------|-----------|----------|----------|----------|---------------|
| <u>Cross Ties</u> | <u>35</u> | <u>C</u> | <u>1</u> | <u>T</u> | <u>107862</u> |
| | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. _____ Phone No. _____
Transporter Name _____ Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Torri Don 11-17-04 Torri Don 11-17-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Therese D. King 11-17-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30548

GENERATOR

Generator Name Taylor Corp Generating Location 11th Street
Address Solutia
Phone No.: _____ Phone No.: _____
IWI CODE: _____ Containers 40 yrd

| Description of Waste | Quantity | Units | No. | Type | |
|----------------------|-----------|----------|----------|----------|---------------|
| <u>COGSTRIB</u> | <u>35</u> | <u>C</u> | <u>1</u> | <u>T</u> | <u>108729</u> |
| | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. _____ Phone No. _____
Transporter Name _____ Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Torrie Dow 11-17-04 Torrie 11-17-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # BA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Thi D. Y 11-17-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30502

GENERATOR

Generator Name W.H. St. John Generating Location _____
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|--|-----------|------------|----------|----------|
| | | | | Units | No. | Type |
| <u>Cross-ties</u> | | | <u>22</u> | <u>C</u> | <u>1</u> | <u>T</u> |
| | | | | | | |

30

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Truck 2 Phone No. _____
Transporter Name IWI Driver Name (Print) Kevin Samples
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date _____ Driver Signature [Signature] Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature [Signature] Receipt Date _____

APPENDIX I
AS-BUILT SURVEY

11th STREET DITCH RESPONSE ACTION "AS-BUILT" SURVEY

ANNISTON, ALABAMA

PREPARED FOR :

MONSANTO COMPANY

LIST OF DRAWINGS

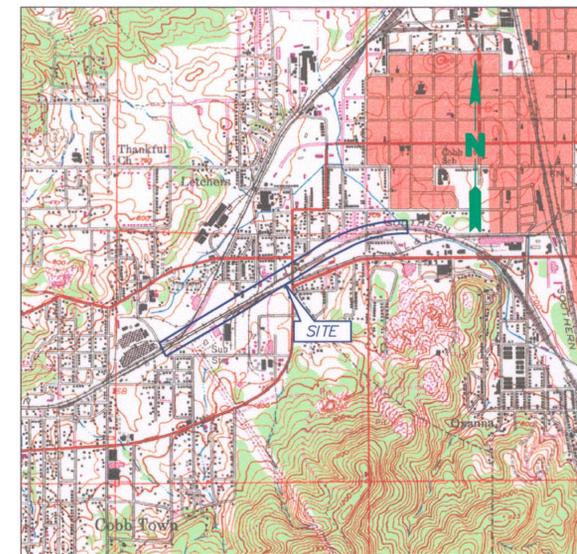
| <u>SHEET NUMBER</u> | <u>DRAWING TITLE</u> |
|-------------------------|--------------------------------------|
| 1 | TITLE SHEET |
| 2 | "AS-BUILT" SURVEY |
| 3 | EXISTING AND PREVIOUS CROSS SECTIONS |
| 4 | EXISTING AND PREVIOUS CROSS SECTIONS |
| 5 | EXISTING AND PREVIOUS CROSS SECTIONS |
| 6 | DETAIL SHEET |
| 7 | DETAIL SHEET |

PREPARED BY :



NOT VALID WITHOUT RED SIGNATURE

FEBRUARY 2005



SITE LOCATION MAP

1"=2,000'

APPENDIX J

BMP INSPECTION AND CERTIFICATION FORMS

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): Anniston, Calhoun, ALA.
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

14/5

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|-----|-----|--------|--------|--------|
| Date | | | | | 8/5/04 | 8/6/04 | 8/7/04 |
| Rainfall | | | | | .09 | Ø | Ø |

Sampling Information

Sample Type: 370

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Elby
 Signature

8/9/04
 Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): Anniston, Calhoun, Ala
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|--------|--------|---------|---------|---------|---------|---------|
| Date | 8/9/04 | 8/9/04 | 8/10/04 | 8/11/04 | 8/12/04 | 8/13/04 | 8/14/04 |
| Rainfall | 0 | 0 | .01 | 0 | .12 | 0 | 0 |

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Elley
Signature

8/15/04
Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, ALA

NPDES Permit Number: ALR

Weekly Rainfall Summary 15 14 13 10 17

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|---------|---------|---------|---------|---------|-------------------|---------|
| Date | 8/15/04 | 8/16/04 | 8/17/04 | 8/18/04 | 8/19/04 | 8/20/04 | 8/21/04 |
| Rainfall | 0 | 0 | 0 | .01 | 0 | .76 IN | 0 |

.31

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

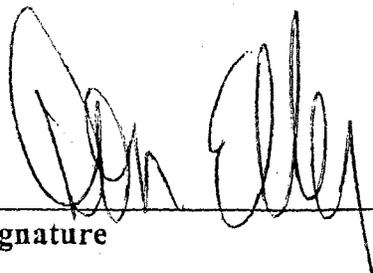
Deficiencies or Required Maintenance: Polymer lined ditch in C section
Function well with no Required maintenance.

Planned Corrective Action: Install hay bales at pipe inlets &
Check domes in C ditch 9+00-13+00

Corrective Action Schedule:

Complete by 8/20/04 - operating as expected after 8/20 rain

Other Comments:



Signature

8/23/04

Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): Anniston, Calhoun, Ala.
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|---------|---------|---------|---------|---------|---------|---------|
| Date | 8/22/04 | 8/23/04 | 8/24/04 | 8/25/04 | 8/26/04 | 8/27/04 | 8/28/04 |
| Rainfall | 0 | .02 | 0 | .77 | 0 | 0 | 0 |

Sampling Information

Sample Type: (8/23/04) 3 Point Composite by Genesis Env Soltn

Location: C Ditch 1+77

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Allen
Signature

8/28/04
Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): ANNISTON, CALHOUN, ALA.
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|---------|---------|---------|--------|--------|--------|--------|
| Date | 8/24/04 | 8/30/04 | 8/31/04 | 9/1/04 | 9/2/04 | 9/3/04 | 9/4/04 |
| Rainfall | ϕ | ϕ | ϕ | | | | |

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Lopez
 Signature

9/4/04
 Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Ditch
Site location (City, County, State): Anniston / Calhoun / Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

9/5-9/11

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|------|-----|-----|------|------|
| Date | 9/5 | 9/6 | 9/7 | 9/8 | 9/9 | 9/10 | 9/11 |
| Rainfall | 0 | .03 | 1.27 | .01 | 0 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Dailys

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vajza
Signature

9/11/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: Sun
9/15/04

REPORT NO.:
32/122

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS ~~A~~ Other

TEMPERATURE:

MAX 87 MIN 68

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

NO WORK
Sunday

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

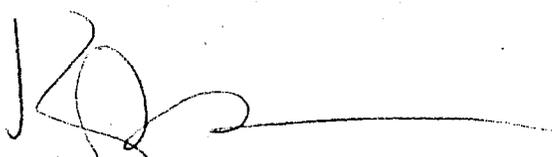
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: Mon
9/4/04

REPORT NO.:
53/121

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 83 MIN 72

PRECIPITATION:

INCHES .03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

No work
(Holiday)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: Tues
9/7/04

REPORT NO.:
348/120

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

Some work - maintenance

CLASSIFICATION:

CLASS Other

TEMPERATURE:

MAX 76 MIN 71

PRECIPITATION:

INCHES 1.07

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. - Flocking System, backhoe, Cont. no. truck
- b. 2 oper. 1 labor
- c. 2 drivers Supervisor
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Have men pumping water through Flocking System making sure ~~the~~ checkdams are in place. 4:00

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

I - Checkdams 4:00
F - working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Check dam to make sure holding sediments correctly

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Pump Water through Fixing System

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay due to weather.

3 loads Rock delivered to property behind lafarge for mha control
Handling loaded cans to 3 corners

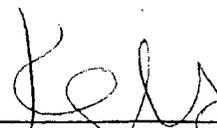
TIT 30

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Watch Step. Things Slippery because of rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

9/8/04

REPORT NO.:

35/8117

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 75 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-------------------------------------|------------|-----------|
| a. Taylor Corp - Bradenton, Florida | Supervisor | 7 labor |
| (A) 3:00-11:00 | Driver 3 | 1 machine |
| (A) 6:40-11:00 | 2 drivers | |
| (A) 11:00 - (B) | 1 labor | |
| (A) (B) | 1 TRH | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 3:00-11:00 - install footing system 3000 D ditch
- (A) 6:40-11:00 - removed and leveled up area in C ditch
- (A) 11:00 - working in Bradenton at 11:00-
- (A) Fill in D ditch 3000 with rock

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(Three)
inspected fabric - good condition

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S SIGNATURE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/9/04

REPORT NO.: 36111X

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 86 MIN 43
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|---|--------------|--------------|
| a. Taylor Corp - concrete truck, concrete mach. | 1 Supervisor | 6 Finishers |
| b. Apex 10+85 (E) backhoe, PC200LC | 1 Mechanic | 2 Drillers |
| c. 21+00 - 13+00 | 3 open | 1 laborer |
| d. 8+90 - 8+00 | eps | Fred Galley |
| e. | N/S | Meredith |
| f. | | Don Williams |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

apx 10+55 - shotcrete
 9+50 - forming and removing rock and dirt
 21+00-13+00 clearing area

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(I) Inspected down to top concrete to rail ht. S+37. Satisfactory
 (P) checking grade - (P) correct
 (I) checked pour - noticed problem. Notified provider. Follow in order
 Pulling from form to meet adj.
 (Water Dept)
 (I) Pressurized - no leaks - covering and checking in morning

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density Test
 8+50 100% 14 in. x 22 in. 112 day
 7+90 100% 12 in. x 18 in. 101 day
 7+40 94% 13 in. x 19 in. 101 day

6+85 101 day
 13 in. x 19 in.
 91%

3 concrete cylinders
 Slump 1 1/2
 Temp 90

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

* Refer to Remarks - Randy Wyatt suggestions

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

* 30 min Train Time

* Removing of trees caused pipes to rupture. Water dept called in to repair.

* adj - made to accommodate NIS Per Randy Wyatt +/- 2 in didn't meet 30 in app. Mike Hollis

* 4 loads (2) 4 (2) 24 Stone - Stone on D-Con pad

*

29 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

material - pick up after completion

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

3/7/17

REPORT NO.:

9110104

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 90 MIN 64

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|--|-------------|---------|
| a. Taylor (17+00)(4+50-9+00)(6+50)(3+00)(7+5-7+5) | 8 labor | EPN |
| b. Equipment, 350, Backhoe PC200 LC, 31056 EX200LC | Supervisor | n/m n/m |
| c. Concrete Trucks, 1m Concrete Trucks, 378 | 2 drivers | ERIC |
| d. Anniston Water Works - 13+00 | 3 oper. | |
| e. C N/S - Brian Raker C+S | 5 Transfers | |
| f. | Mechanic | |
| g. | Tommy | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Shotcrete
Laying form 8+95 - 5+00
Removing soil to holding area and landfill 5+50 -

(B) locating 4+65 - relocating sign B

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Fabric - OK (S)
Cement - Slump ^{4 1/2"} (S) - 3 cylinders

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

* Gen. Sv taking sample 6+50 RR
* Slump 4 1/2" 8+30-8+90
* Air moisture 0.2.8 ag/m3 Twa 018.3
* 7:25 max 232.9 kg/m3
* 9:00 min 044.0

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

RR - relocating communication meter box

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delays due to RR, due to communication device being 4ft instead of 22in,
34 min (Train Time)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be alert for trains. Always keep observation of surroundings

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-B)

DATE: 9/11/04

REPORT NO.: 38114

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 89 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|--------------|---------------------------------|------------|
| Taylor Corp. | 2x200cc PC209 backhoe | 3 drivers |
| | Cement trucks, container trucks | 2 Oper |
| Don Williams | DZ B1 B1 B1 | 7 labors |
| | 0+00, 4+00, 1+00, 9+00 | 5 finisher |
| | | RWC |
| | | Tommy |
| | | Estct |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Pouring (shotcrete) 4+00 - 0+00
- (A) Forming S +25 - +
- (A) Removing soil from area 1+00 - 3+00
- (A) Density Test +
- (A) Taking grade
- (A) Wrecking form 9+00

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Slump - (5)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - 91 dry moist 20 96^{100} (st15) Dts Rem Avg 1059.4 ug/m³
 94 dry moist 17 100%
 max. 105.1
 min. 036.2
 ET-8:00
 TWA-024.2

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Boundary debris

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Tunnel under RR per Romes direction. Insulated pipe so not to short line.

37 in. + 1/4

Be aware people protesting

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Proper placement of tool not being used. People made aware.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp.
Facility Street Address: 11th street Ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: NA County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): Anniston AL
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

- Appropriate Discharge and/or Instream Sampling Data Attached. NA
- Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule) See inspection + maintenance report

Based upon the inspection of (Date and Time) _____
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official _____ Signature Kay Vaughan Date 9/10/04

Title _____

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11ST Ditch Project
Site location (City, County, State): Anniston, Calhoun, AL
NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|------|------|------|------|
| Date | 9/12 | 9/13 | 9/14 | 9/15 | 9/16 | 9/17 | 9/18 |
| Rainfall | 0 | 0 | 0 | .08 | .02 | .04 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

K. G. [Signature]
Signature

9/18/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-B)

DATE: 9/12/04

REPORT NO.:

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 88 MIN 72

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
no work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE:

9/13/04

REPORT NO.:

40/114

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

79

MIN

69

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-------------------------|-----------------------|--------------|
| a. Taylor Corp. | 1+60, PC200LC backhoe | 3 Oper. |
| b. Entact 3700 | 4+75-4+10, 5+90-5+30 | 6 Fin. slurs |
| c. Anniston Water Dept. | 2+10 | 5 labor |
| d. | | 1 H+S |
| e. | | 1 Superv. |
| f. | | Tony |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Shotcrete 4+75-4+10
forming 5+90-

(B) samples - 3+800

(C) N/D - burst meter

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Slump Taken - concrete

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Slump 2 in 89%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Checking grades

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

1/20

Track Time 20 min

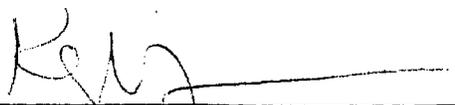
Water to Defarge busted - Anniston Water Dept.
3:75 - 1:30 -

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be aware when train approached
Clear ditch

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/14/04

REPORT NO.:

41 / 113

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 83 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|----------------------------|---------------------------------|--------------|
| a. Taylor Corp. | backhoe, 1 171 container truck, | 6 labor |
| b. 1+60 - 2+20 | PC200LC, BSO, concrete trucks | 5 Finisher |
| c. 9+00 - 9+00 | | 1 Supervisor |
| d. | | 1 Rmic |
| e. B. Anniston Water Dept. | | EPA |
| f. | | M/m-Randy |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

A) Wrecking form 9+00 - 4+17
tunnel for shotcrete 3+25
forming 1+60 - 2+20
shotcrete 1+60 - 2+20

B. Finish Repairing water problem

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(I) checked for holes in fabric

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram -
avg. 0.20.1 ug/m³
max 242.1 ug/m³
min. 0.2.1
ET 9:00
TWA 0.215

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Taking samples and ~~pictures~~ pictures of foundry debris

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Show top of form to top of track was (OK) per Randy Wyatt
Water dept. finishing problem with bored meter.
Work going fine except delay due to burst water to large

Track Time (24 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Slopes in area 1+40 - 2+50 in slippery on rock. Must use extreme caution.
Be mindful in areas in section also do to being so close to crossing

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/15/04

REPORT NO.:

42/112

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 76 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|---------------|---------------------|----------------------|
| a. | Taylor Corp - | 350 concrete trucks | 2 drivers |
| b. | | Back hoe, 2x2000 | 2 oper |
| c. | | 2+20 - 4+20 | 5 labor |
| d. | | 21+00(E) | 5 finishers |
| e. | | | supervisor |
| f. | | | |
| g. | | | (EPA/RWIC mtr bands) |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2+20 - 4+17 - Shotcrete
2+00 - removing debris
21+00 - key check dam - 6 biles

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Geo mat - Satisfactory
Line mesh - (S)
F. n - mets requirements

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Ran - Data ran not needed
No density test today

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Getting prepared for weather (Hurricane)
checkdams
BMP Plan

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Track Time 29 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Watch footing due to rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

9/14/04

REPORT NO.:

43/111

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS 3

TEMPERATURE:

MAX 76 MIN 70

PRECIPITATION:

INCHES 4.48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

*No Work
(Hurricane)*

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(A) Inspected area - Secured everything

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

9/17/04

REPORT NO.:

44/119

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS E

TEMPERATURE:

MAX 84 MIN 66

PRECIPITATION:

INCHES 0.03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. (equipment) Backhoe Flooding System
- b. ZITCO - C3 ditch pump EX2000
- c. labor Tommy
- d. 1 supervisor
- e. 1 PW
- f. 2 drivers
- g. 2 Oper

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) making some checkdams in place and working properly ZITCO
- (A) Spreading gravel + - +
- (B) Pumping water through Flooding system - Handled D ditch
- (A) D-ditch laying riprap checkdams
- (A) C-850 checkdams

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

checkdams - ~~to~~ replace

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

N/A

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Remove debris brought in from water and wind.
Repair checkdams due to heavy rain

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delays due to hurricane

Track Time 7 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be extra careful due to rain and wind. Weather washed
alot of debris in ^(work) area.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

9/18/04

REPORT NO.:

45/109

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS E

TEMPERATURE:

MAX 83 MIN 59

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|----|---------------------------------|------------|
| a. | Taylor Corp - 21+00 (E) - 13+00 | 2 Oper |
| b. | | 2 driver |
| c. | | 5 labor |
| d. | | Supervisor |
| e. | | RWC |
| f. | | Tommy |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(a) 21+00 Laying Form, removing soil from embankment
13+00 checking grade

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

checking grade 13+00

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Water Run - S/T 7:23 avg/041.1
ET 7:00 max/083.0
TWA 016.6 min/000.0

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

laying gravel in + Sec

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NO concrete today, forming 2100 - in prep for Monday

36 min Track Time

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be careful on steep embankment - watch & listen for trains
longer ladder

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp
Facility Street Address: 11th ditch
Facility Contact/Title: Ray Vaughan
Phone Number: 833-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: MA County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): Anniston
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): 11 acres

- Appropriate Discharge and/or Instream Sampling Data Attached.
- Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 9/17/04 500pm
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Ray Vaughan Ray Vaughan 9/17/04
Name of Responsible Official Signature Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch
Site location (City, County, State): C Anniston, Calhoun, Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|-----|-----|------|-----|-----|-----|
| Date | 9/19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Rainfall | Ø | Ø | Ø | 0.02 | Ø | Ø | Ø |

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

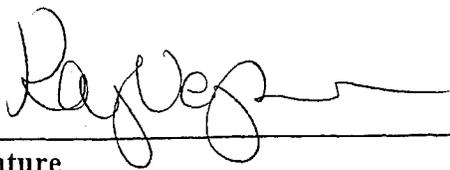
Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:


Signature

9/25/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/19/04

REPORT NO.:

44/108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 81 MIN 55

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

NO WORK
Sunday

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

SAFETY: (Cover any infractions of approved safety plan, safety manual or instructions and specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

9/20/04

REPORT NO.:

471108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 81 MIN 54

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | |
|---|--------------|
| a. Taylor Corp. | 1 Supervisor |
| b. Equipment (EX200LC, PC200LC, container trucks) | 1 EPA |
| c. Shotcrete shooter, backhoe, Detercam | 1 M/M |
| d. 21+00(B) Hertz | 4 Finisher |
| e. 13700 | 4 Isbar |
| f. | 3 Oper |
| g. | 2 drivers |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Shotcrete - 21+00(B)
Laying fabric & forming (B) 18+50 - (E)
watering roadway (B)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Fabric (S)
Wire mesh (S)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

| | | |
|---------------------------|-------------|-------|
| Density - 3 cy. 2nd track | 20+00 - 103 | 16.4 |
| | | moist |
| Stamp 1" 81° | 21+00 | 104 |
| | 18+05 | 105 |
| | 17+55 | 105 |
| | | 13.5 |

Detercam
Aug - 003 14/11/03
max - 275.3
S/T 8/11/0000
ET 8.00
TWA 001.2

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Start C ditch first thing in morning

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Water down roadway

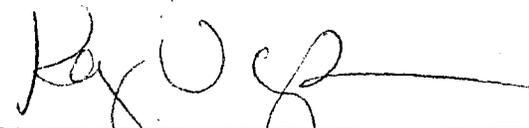
15m Track Time

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Use Sledgehammers properly

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/21/04

REPORT NO.: 48/1107

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 83 MIN 59
PRECIPITATION:
 INCHES ∅

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|---------------------------|-------------------|-----------------------------|
| a. | Taylor Corp | Tracks | equipment - 150.37P |
| b. | Anniston Water Dept 15+50 | Concrete | Backhoe, Excavator, P2200LC |
| c. | | | |
| d. | | 20+10 (B) - 15+50 | |
| e. | | 17+00 (C) - 7+50 | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

| | | |
|---|--|-------------|
| 1 | 20+10 (B) Shotcrete | Supervisor |
| 2 | 21+00 (B) blocking form | 3 ops |
| 3 | 17+00 (C) starting to dig in this area | 1 driver |
| 4 | 15+50 (B) | 3 finishers |
| 5 | Water dept 15+50 (B) - fixing water leak | 6 laborers |
| 6 | 17+00 - 7+50 - running drain pipe along fence line | 1 mechanic |
| | | 1 EPA |
| | | 1 M/M |

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

APCO ditch - check to get ready to shotcrete ditch

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

| | | | | | |
|---------|------------------|-------------------|-----------|------|-----|
| Density | Aug. 021.5 ug/m3 | Density 16+55 (D) | 102.5 (M) | 14.7 | 96% |
| | MAX. 541.2 | 16+05 | 102 | 14.8 | 96% |
| | Min. 008.5 | 15+60 | 102 | 15.5 | 97% |
| | S/T 7.45 | 15+10 | 105 | 15 | 98% |
| | ET 7.00 | 14+15 | 104 | 15.2 | 98% |
| | TWA 010.1 ug/m3 | | | | |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

run drainage down fence line in C ditch for proper drainage

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

No incoming materials

Track Time - 22 min

Cot 3 sections poured
formed to 16+55

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Caution getting out of ditch
very steep slope.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Key

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE: 9/22/04

REPORT NO.: 49/106

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 83 MIN 59
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|------------------|------------|----------|------------|
| a. Taylor Corp - | APCO ditch | Trencher | Supervisor |
| b. PL personal | | Backhoe | 3 oper |
| c. | | PC 2000C | 1 driver |
| d. | | | 3 finisher |
| e. | | | 5 labor |
| f. | | | 1 mechanic |
| g. | | | 1 EPA |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

A) APCO ditch - Shotcrete - no forming also laying pipe.
~~Contract forming 16'~~
 (B) Locating Signal cable

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

make sure no leaks in drainage pipe

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dusts Kam Aug 13.9 ug/m³
 TWA
 0072
 MAX 073.9 - 01.9
 Min. 000.0
 ET 9.00
 ST 722

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Dig trench to relocate Signal (KR)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Ran upon busted hose on P22000 & ground problem

No material delivered

Concrete delivered APCO ditch

24 min Track time

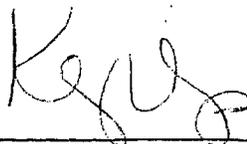
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

(None)

Use Caution when working on APCO property.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER*1180-1-6)

DATE: 9/23/04

REPORT NO.: 50/105

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 87 MIN 56
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------------------|--------------------|---------------|
| a. | Taylor Corp - APCO ditch | (equip) EX200LC | Supervisor |
| b. | 12+50, 3+80 | Backhoe | 3 Oper |
| c. | | Backhoe | 1 driver |
| d. | | Cont. net | 3 Finisher |
| e. | | | 4 labor |
| f. | | | 1 RMC Arch |
| g. | | | 1 EPN Tiffing |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Relocate utility cable 14+23 —
 12+50 - test dig
 16+20 - Digging trench for utility cable
 3+80 - shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(RR)
 Inspect area for relocating utility cable.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Delta Ram

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Stay with 15 foot running utility cable

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Load of 24" Rip rap,
Getting signal cable in trench

Track Time

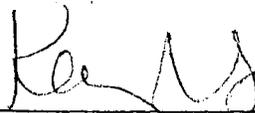
20min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Zero Tolerance - watch for trains

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/24/04

REPORT NO.: 51/104

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 86 MIN 61
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-----------------------------|-------------|------------------|
| a. Taylor Corp. | (C) 16+23 (W) (B) 15+50 (E) | (Equipment) | Excavator |
| b. PR Personnel | | | Container trucks |
| c. Gallet | | | Dump Trucks |
| d. | | | BSD |
| e. | | | Backhoe |
| f. | | | Data Ram |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Trench to relocate utility cable 16+23 (W)
 (A) 15+50 (E) forming
 (B) adjusting switch
 (C) Gallet - Slump

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(P) Sample dig of trench 12+50 to check for possible water.
 (I) NONE
 - Continue with trench

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - S/T - 9.54
 E/T - 3'00
 TWA - 031.8
 min - 009.6
 max - 282.5

Slump 4th Truck
 2 1/2 88°

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

28 days (now) 18+15-18+50(B)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Concrete Finishers were short handed, First load set up quickly.
Don Williams requested conc be done 28 days.

Track Time 27 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Watch for wire.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 9/25/04

REPORT NO.: 521103

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 85 MIN 61

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | | |
|----|-------------|------------|---------|-----------|------------|
| a. | Taylor Corp | 116+23 (C) | (Equip) | Excavator | Supervisor |
| b. | | 13+00 (B) | | Data Ram | mechanic |
| c. | | | | Compactor | 1 driver |
| d. | | | | Backhoe | 3 oper |
| e. | | | | | 6 labor |
| f. | | | | | |
| g. | | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

116+23 - digging and filling trench - compacting
13+00 - forming

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Dug 22in to locate cable to tie in to utility

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - Avg. 119.8
MAX 0.53
TWA Min 0.38
04.3 S/H 1.15
ET 8:00

Density - 12+95 (O) utility ditch
Dry - 125.5
Moisture - 12.0
100%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Due to weather - pouring sand spreading and compacting to make sun covered.

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

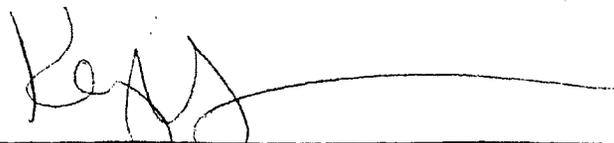
Hose busted on equipment - short delay
Sand brought in to fill trench
Clay brought in also to fill trench
Using trencher to make 10ft dig so not to cause causer ok by Randy Hyatt
from bales

Track Time 27 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: Monsanto 11st ditch
 Site location (City, County, State): Anniston, Calhoun AL
 NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|------|------|------|------|
| Date | 9/26 | 9/27 | 9/28 | 9/29 | 9/30 | 10/1 | 10/2 |
| Rainfall | 0 | 0 | 0 | 0 | 0 | 0 | |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

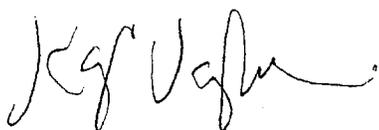
Deficiencies or Required Maintenance:

See daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:


 Signature

10-2-04
 Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/26/04

REPORT NO.:

531102

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

A

CLASS

TEMPERATURE:

MAX 84 MIN 60

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
no work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-8)

DATE:

9/27/04

REPORT NO.:

541101

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 84 MIN 60

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp 18+00, 14+15(E)
- b. Fish Wildlife - 0190
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Shotcrete 18+00(E) B ditch
- (A) Forming 14+50 (E) B ditch
- (B) Taking samples 0700 over 50 cone

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Materials - Satisfactory

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dust, Res -
TWA 0.25.6 ug/m³
min 0.00.2
max 4.289
Avg 0.33.2

Fish and Wildlife (NA)

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Wild life personal taking sample - NO decon suits.

Delay - NO dig in C-ditch due to waiting on RR personal to finish tying in utility cable.

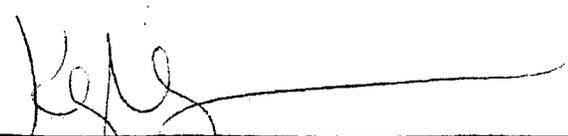
(Track 2.1)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Wild life - no decon suits in use SD 0490

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/28/07

REPORT NO.: 551100

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 80 MIN 68
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-------------|----------|------------|
| a. | Taylor Corp. | 0700 (B) | 1800 (E) | Supervisor |
| b. | | 16750-15760 | | 4 lines |
| c. | | | | 6 labor |
| d. | | | | 1 machine |
| e. | | | | 2 dump |
| f. | | | | 1 spreader |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) ~~B~~-ditch 0700 ~~excavating~~ excavating in over 50 areas. Used proper decom procedure. filling with 4in rock to bring it to proper level.

(A) (B) laying form, wire mesh.

(A)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

APCO (Steve) inspected ditch very satisfied.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

D - P
 ST 7:25
 EFT 8:00

Avg. 128.0
 max. 5588
 min. 500.0
 TWA 076.2

Sta 1 1 1/2 89° 10+80
 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Dig in dirt SO. made sure proper PPE is worn and clean procedures are followed

Track 23

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE: 9/29/04

REPORT NO.: 56199

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 80 MIN 61

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------------------|-----------|-------------|
| a. | Taylor Corp (B) 15+00(E) | exc 200LC | Supervisor |
| b. | (D) Ot 23 | Backhoe | 4 Finishers |
| c. | | BSO / 1PS | 5 labor |
| d. | | | 1 mechanic |
| e. | | | 2 oper |
| f. | | | 1 driver |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

15+00(E) - shotcrete and finish forming
Ot 23 (B) Excavating, shaping and filling with rock.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Chris, Don, Mike, Kandy, Ronnie walking site

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - refer to air monitor log

Slump 3 3/4

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

None

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Decon procedures being done correctly, progress is moving along. Over 50 dig being filled in with rock to get ready to form

Track Time 24 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/30/04

REPORT NO.: 57/98

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 82 MIN 54
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|----------|------------|
| a. | Taylor Corp. | B-131800 | Supervisor |
| b. | | B-023 | |
| c. | | | |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 131800 Shrinker
(A) 023 forming

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Room refer to air monitor daily log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Completed 2m² Sec (B) 13+80-15+00
forming complete also in 13+80 (E)
fabric applied in D123(B) at Cldyudal

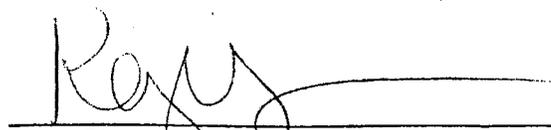
Track Time 32min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/1/84

REPORT NO.: 58797

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 82 MIN 65

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|------------------|---------|
| a. | Taylor Corp. | 16+00 (B) ← EAST | PC200LC |
| b. | | D4 | Backhoe |
| c. | | | |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

16+00 - Wrecking form, shotcrete
D4 + shooting, elevation, excavation

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data - Ram
Refer to
Air monitor
Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NOV 19 10 30 AM '19

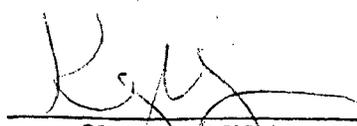
10/19/19

TrackTime 19

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Jaylor Corp
Facility Street Address: 11st ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: N/A County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest ¼ section): _____
Nearest Named Receiving Stream: Show Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: **Current activities (Deficiencies corrective actions, including compliance schedule)**

Based upon the inspection of (Date and Time) 5:00 pm 10/2/04
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

10/2/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch
Site location (City, County, State): Anniston, Calhoun Co. AL
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|-----|-----|-----------------|------|
| Date | 10/3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Rainfall | 0.01 | 0.01 | 0.01 | 0 | 0 | 0.05 | 0.05 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Defs

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Wagoner
Signature

10/10/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/21/54

REPORT NO.:

57194

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS DA

TEMPERATURE:

MAX 84 MIN 62

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp 121 a 000 1116-2436 P.C. 1000
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

121 2 1/2" - finished excavation & laying concrete
B 21 100 - working form

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Progress in D4 - Subfactory Completed because there is ready to start forming.
Setting up things to continue Monday.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/3/04

REPORT NO.:

60195

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 82 MIN 66

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday No work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

10/4/04

REPORT NO.:

61/99

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 85 MIN 52

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp 1188 10-01-23 (B) PC 7000
- b. 7110 (C) Backhoe
- c. B.S.U.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (B) 1188 10-01-23 (B)
- (C) 7110 (C)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Perkins
 Dkt. 1 10/12/04 TWA
 Prime - 0.000
 Max - 0.000
 Avg - 0.000

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Track Time 10 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Paye

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE: 10/5/04

REPORT NO.: 62193

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 82 MIN 64

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|------------------------------|--------------------|-------------|
| a. | Taylor Corp - 1+16(1D) Dr | PC 200LC | 5 formers |
| b. | RR Signal Personal 7+70-9100 | B50 | 3 finishers |
| c. | 1+58 | EX 200LC | 3 open |
| d. | 2+36-1(E) | Excavator | 1 mechanic |
| e. | | watering equip | 1 driver |
| f. | | Dump truck | supervisor |
| g. | | Container - trucks | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 1+16 - Forming
 - (A) 7+70-9100 excavation, compacting
 - (A) 1+58 - wrecking form
 - (A) 2+36-1(E) - Shotcrete
 - (B) RR - Fixing in utility cable
- 1 Tandem (Miller)
6 Container (7+90-9100)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to
[unclear]
[unclear]

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2158 - All but one Section completed 54 yrd. concrete
8100 - Drainage Pipes exposed. Ready to be removed.

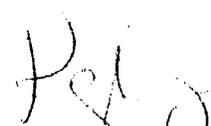
Track Time
17 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/6/04

REPORT NO.:

63191

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 85

MIN 57

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idling or working as appropriate.)

| | | | |
|----------------|------------|------------|------------|
| a. Taylor Corp | 0+58 | EX200 LC | 5 Formers |
| b. | 7+80-10+50 | PC200 LC | 3 Finisher |
| c. | | Backhoe | 3 Oper |
| d. | | B50 | 1 mechanic |
| e. | | Dump Truck | 1 driver |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

7+80-10+50 excavation, forming, elevation
0+58- Shotcrete-finishing

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS: Comp moist

Refer to
Air monitor
Log

Density 8+25 99% 18%
8+75 98% 17%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Excavation completed to 10+50-d-
form completed to 9+00-d-
D4 Sec. completed

(McKroy)
< 3 tandem loads
5 container
- 1 load 4 in modified

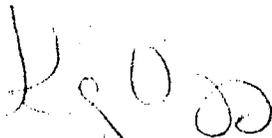
Track Time
24 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/7/04

REPORT NO.: 104191

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 73 MIN 61

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp HAD-1100
- b. Genesis
- c. Galt
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Taylor Corp - forming, excavation, bracing form 4 container loaded
- (B) Genesis - Taking Sample 2 tandem loads delivered
- (C) Density 45 yrd concrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Genesis Taking Sample

| | | |
|---------|-----|-------|
| Density | | |
| 100% | 17% | 10/60 |
| 100% | 16% | 10/90 |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Excavation Completed to 1100
forming to 9750

2 T. rd m load
4 containers

Things progressing great,

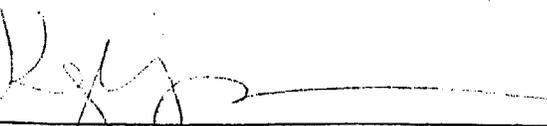
T/T
30 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/8/90

REPORT NO.:

67/90

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

74

MIN

58

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp.
- b.
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Forming 9+50 Ditch
Excavating 11+00(W) Ditch

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

0

Data Ran
See Daily Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

(Reed) B50 Pump broke - calling company

1 Load 4' gravel

4 containers loaded 11:00 (W)

3 tandem beds - Three corners

Excavation completed to +

form completed to +

T/T 25 min

11yd concrete

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/9/04

REPORT NO.: 66187

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 74 MIN 62
PRECIPITATION:
 INCHES 0.05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------|------------------|------------|
| a. Taylor Corp. | 9+15-8+8)6 | Supervisor |
| b. | 14+00(6) - 16+23 | 3 finisher |
| c. | | 2 labo. |
| d. | | 1 mechan. |
| e. | | 3 opr. |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

9+15-8+80 - shotcrete, forming - (w) +
 14+00(w) - excavation

EX200LC
 PC200LC
 Mini Backhoe
 185
 Bobcat 763
 Backhoe

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Ran Info.
 (Rain)

| | | |
|----------|------|------------|
| Density | (m) | (D) |
| 13+60(C) | 100% | 17.3 101.1 |
| 14+75(C) | 100% | 17.0 107.3 |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Shotcrete remainder of Sec incomplete
Finished excavation of that Sec C-ditch
formed to +

Containers
(2) 13460-16400

Concrete
24 yd.

III
17 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None. Tailgate meeting on safety plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11st Ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: N/A County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest ¼ section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: **Current activities (Deficiencies corrective actions, including compliance schedule)**

Based upon the inspection of (Date and Time) 10/15/04
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

10/15/04
Date

Title

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/10/04

REPORT NO.:

6-1/88

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS OFF

TEMPERATURE:

MAX 74 MIN 65

PRECIPITATION:

INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
(NO WORK)

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

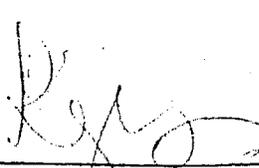
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-B)

DATE:

10/11/04

REPORT NO.:

60137

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 80 MIN 67

PRECIPITATION:

INCHES .14

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. 2400(B)-B-
- b. Bob's Outense 12+00(W)-C-
- c. Taylor Surveyors 16+23(W)-C-
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 2400-B-(B) - cutting excess fabric from edge of ditch.
- (A) 12+00-16+23 - laying fabric & forming
- (W) Checkdam
- (B) Serviced Port-olts (C) Topo

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
(Rain)
NO Info.

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NO concrete - Due to pending weather
Got remainder of ditch covered with fabric

T/T 20 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Tailgate meetings to brief on Safety
Hazards on Site

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/12/04

REPORT NO.: 69186

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 82 MIN 65
PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)
a. Taylor Corp. 10+00 - 9+30 C
b. ~~Explosive~~ Gillet 11+20(W) 13+00 C
c. Action
d. Taylor Surveyors
e.
f.
g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
(A) 10+00 - 9+30 - Shotcrete
11+20 W - 13+00 - Forming
(B) Taylor - Topo
(B) Gillet - See test required
(C) Action Trucking - ~~containers~~ ^{drop of} containers and hauled to miss. (3) cans

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:
Data Ram
See log.
Mohara
Gillet Temp. 88
Slump 1"
3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Action - dropped 6 cans, hauled 3 to miss.
Continued shotcrete Cditch. 2 sec.

3 new hired

Got in 4 bulkheads and continued forming (W) to 13+00

SOya. concrete

T/T 25 min.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE: 10/13/04

REPORT NO.: 10185

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 67 MIN 58
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|----|-------------|---------------|
| a. | Kybor Corp. | 11720/12140 C |
| b. | | 13150/15 C |
| c. | | |
| d. | | |
| e. | | |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

11720-12140 - drainage
13150/15 - Grading

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None
Refer to ~~10185~~

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2 mile Sewer - complete - concrete ditch
Grading is coming along very well in ditch,
almost completed.

177-31 min
Concrete - 50% yd.

1 truck has rejected ^{repacked} (concrete)
Ditch dig has started.

(Action/ins)
7m2500L of
1m 2500L of
1m 2500L of
1m 2500L of

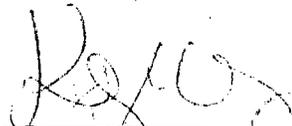
Equipment
PC 2000L
ex 100 L
min. or more
Brenner
B 50

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Note - Tailgate meetings covering Precautions.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

REPORT NO.:

10/19/84

71/84

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 67

MIN 49

PRECIPITATION:

INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| a. | Contractor | Area of Responsibility | Supervisor | Equipment |
|----|--------------------|------------------------|------------|--------------|
| a. | Taylor Corp. | 12+10 - 14+25 | Supervisor | Equipment |
| b. | Taylor Contractors | | 4 labor | Back |
| c. | Kirkpatrick | | 4 labor | Excavator |
| d. | Action Resources | | 8 labor | Excavator |
| e. | | | 1 mechanic | Mini Backhoe |
| f. | | | 1 laborer | Backhoe |
| g. | | | 2 labor | Backhoe |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- A) Taylor Corp. 12+10 - 14+25 - Spillway, Forming
- B) Taylor Contractors
- C) Kirkpatrick - Excavating/Backfill
- D) Action Resources - Handling concrete to place

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Done
in Al

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

ECT 63 - Had to cold joint because the concrete hose stopped up
1 hr. down time.

ECT 417: 13 Hds - Finished Sec. Shotcrete

working on it at 11:00. Things going much faster.

7 containers (HW) brought back. 1 can hauled to miss.

0.19 - excavation going good. Supplying gravel

2/11/00

T/P 25 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/15/04

REPORT NO.: RZ 183

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 65 MIN 41

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | | |
|----|-------------|---|---|-------------|-----------------|
| a. | Taylor Corp | + | + | 6 labor | Ex 200LC |
| b. | | | | 4 Finishers | PC 200LC |
| c. | | | | 4 oper | Backhoe |
| d. | | | | | B-50 |
| e. | | | | | Flocking System |
| f. | | | | | |
| g. | | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

+ - + Shotcrete
 25+00 - applying fabric (F-1)
 23+46 - end of over 50 Sec F-1 Complete - covered
 Check dam (Jute + Sandbag)
 C&B ditch throughout area knocking for and cleaning areas.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 See Air monitor
 Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Over 50 Sec. Excavated and covered (geo-) 25+00 - 25+46 (F-1)
Using Flocking System in F-1 to redirected Later flow

23+46 - Jute and sandbags

+ - Digging under tracks for drainage.

28 yd
Concrete

3 cans loaded over 50
25007 } 25+00
25012 } E
25015 } 25+46

7 load Rock (3) Pile - 77.81 (H)
(4) ~~McCarthy~~ Harris 100.58 (H)

TTT 15 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 10/16/04

REPORT NO.: 73182

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS Other
TEMPERATURE:
MAX 72 MIN 40
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

a. _____
b. _____
c. NO WORK
d. _____
e. _____
f. Witness
g. _____

1. **WORK PERFORMED TODAY:** (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. **TYPE AND RESULTS OF INSPECTION:** (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris became very ill.
Don added days back.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Ditch
Site location (City, County, State): Anniston, Calhoun, Al.
NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|-----|-----|-----|-----|-----|-----|
| Date | 10/4 | 11 | 12 | 13 | 14 | 15 | 16 |
| Rainfall | .03 | .19 | .07 | 0 | .01 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Dwyer
Signature

10/15/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch Project
Site location (City, County, State): Anniston, Calhoun, Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|------|-----|-----|-----|-----|
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| Rainfall | 0 | 0 | 2.18 | .01 | .01 | 0 | .48 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

See Dailys

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay C. [Signature]
Signature

10/23/04
Date

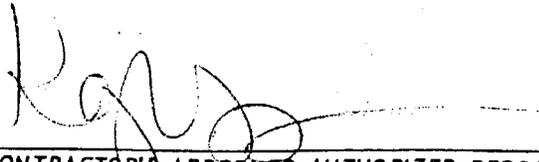
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(CR-1180-1-8)

DATE: 10/18/04

REPORT NO.: 75/80

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 79 MIN 60
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------|---------------|-------------------------------|
| a. Taylor Corp. | 25+00 - 21+00 | (equip) Backhoe, PC200LC, B50 |
| b. Kirkpatrick | 13+50 - 15+20 | 1 mechanic |
| c. | C+B ditch | Supervisor |
| d. | | 8 labor |
| e. | | 4 oper. |
| f. | | 1 driver |
| g. | | 4 finishers |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 25+00 - 21+00 - ~~Shoring~~^{forming} - excavation
 (A) 13+50 - 15+20 - Shotcrete
 (A) C+B ditch - cleaning entire area of scrap materials
 (B) Kirkpatrick - Delivering concrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density
 22+60 - P₁₀₂ m 17 95%
 23+05 - D10216 m 16.8 96%
 6th Track 14400 3 cylinders 82° 2" slump

Data Kam
 See Air monitor Log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

25+00 (E) forming is coming along very well.

18+50-15+20 (W) - 3 Sec poured - 2 Sec left

21+70 - 2" Pump - re-directing water down stream

B+C - Area cleaned of materials and excess fabric

2 cans banded

108549

107769

Concrete - 70 yds

TTT - 30 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to cover possible
Safety Hazards

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/19/04 REPORT NO.: 76179

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS B
TEMPERATURE:
 MAX 73 MIN 64
PRECIPITATION:
 INCHES 2.18

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|---------------------|-------------|--------------|------------|
| a. Taylor Corp. | 15+10-15+85 | Excavator | Supervisor |
| b. Action Resources | 25+10-7E | PC 200LC | 8 Labor |
| c. | | P-50 | 4 Finishes |
| d. | | Backhoe | 4 Specs |
| e. | | Mini-Backhoe | 1 Mechanic |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 15+10-15+85 Station #0
 (B) 25+10- Apply liner mesh, grade stakes
 (C) Action Resources - 3 cars to Emelle - Brought back 2 cars (I+I)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

(NO) (No) mem. for (Plum)
 No Test

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2 loads of concrete Poured. 1 Load returned due to Storms work at a standstill due to weather.

3 Tomiso
10770
75015
10772

27 yds - (9) yds returned
(18) yds poured
T/T
15 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE -

Tailgate melting to cover safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

175/20/34 | 77/78

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS E
TEMPERATURE:
MAX 75 MIN 64
PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-------------|------------|--------------|
| a. | Taylor Corp. | 15+50 (C) | Supervisor | 2 X 200 cc |
| b. | | 16+23-15+50 | 4 Finishes | PC 200 cc |
| c. | | 15+20-15+85 | 4 Oper | Mini Backhoe |
| d. | | | 8 Labor | Backhoe |
| e. | | | Mechanic | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
(A) 15+50 (F) - Working Form
(N) 16+23-15+50 - Forming
(4) 15+20-15+85 - accessing water damage

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)
I - making sure Rocking System is working properly
Checking water pipes

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing
Record

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Accessing damage from heavy rain that came through.
Serious damage to sidewalk due to water under floor.
Delay in that area due to se panel has to be pulled up.

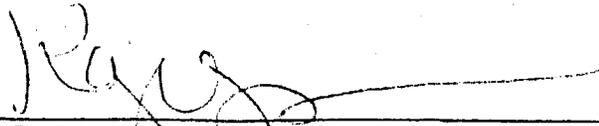
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Safety meetings

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/21/01

REPORT NO.:

78/77

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

E

TEMPERATURE:

MAX

76

MIN

61

PRECIPITATION:

INCHES

.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|--------------|--------------|------------|
| a. | Taylor Corp. | Top of ditch | B-50 | Supervisor |
| b. | Gallet | 21+50 + | 185 | 3 finisher |
| c. | Water Dept. | 15+00 | Excavator | 4 Oper |
| d. | Taylor Corp | 21+50 | PC 200LC | 9 loader |
| e. | | 21+40 | Mini Backhoe | Mechanic |
| f. | | | Backhoe | 1 driver |
| g. | | | P 37 | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Taylor Corp, 21+50 - water dept assists to test chloramine system isn't.
- (B) Gallet (area) - Temp Slump
- (C) Water Dept 21+50
- (D) Taylor taking drums

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No calc monitor -
(A/C/T)

Gallet
3 1/2 Slump 83'
4" Trace
25+30-24+70 F1

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given, deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

15+20-15+85 Reformed Area, Reset bulkheads and getting ready to structure in the morning.

22+50 F1 - Forming around headwall.

T/T - 25 min.

Concrete T3 yet.
2 load rejected 52 gal water

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

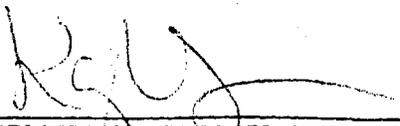
None-

Fac. Gate meetings to discuss headwall.

Slips, trips, fall

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

10/11/10

REPORT NO.:

79116

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 75

MIN 63

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|---------------------|-------------------|--------------|-------------|
| a. | Taylor Corp. | 15+20-15+80 | Mini backhoe | 8 labor |
| b. | Anniston with 21160 | 21+60 F-2 | Backhoe | 2 finishers |
| c. | | Boach 21160s 2100 | PC200C | 4 oper |
| d. | | | | 1 driver |
| e. | | | | mechanic |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Taylor - 15+20-80 - Shotcrete
Excavating 21160 - Welding

(B) Anniston - Excavating small ditches

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Initial inspection to determine if depth of ditch is correct.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Water Tests
Yes
Anniston 21160
10-19-10

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by owner or construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Setting grass seed-B- spread, finished wacking form
Completed C ditch.
Progress coming along F ditch.

2 cans loaded over 50
107772
107770
3 cans less than 50
113100 113095
113101

18 hay (chickidams)

TTT-33 min
89 yd.

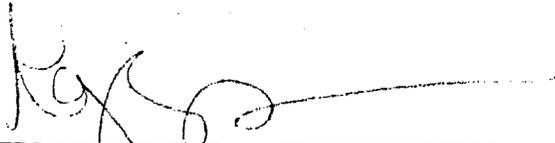
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from owner. Specify corrective action taken.)

None

Tailgate meetings to
discuss safety concerns.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/23/04 REPORT NO.: 80175

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A.48
TEMPERATURE:
MAX 73 MIN 60
PRECIPITATION:
INCHES .48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-------------|--------------|------------|
| a. | Taylor Corp. | 25+30-20+50 | EX200LC | 6 labor |
| b. | | 2 | PR200LC | 1 mechanic |
| c. | | | Backhoe | 3 oper |
| d. | | | mini backhoe | 1 driver |
| e. | | | weed eater | Supervisor |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
 (A) 25+30-20+50 - 1 necking form, forming, blocking system

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:
Data Run
See air log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

F-1 25+30 - 17+00
wrecking form 25+30 (S)
forming F1 2 sec.
No concrete today
Checking grade - laying gravel
flocking system in place and 2' pumping out

T/T - 25mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss
Safety plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11ST Ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: _____ County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest ¼ section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): 11 acres

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/23/04 5:00
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

10/23/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch

Site location (City, County, State): Anniston Calhoun Alabama

NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|-----|-----|-----|-----|-----|
| Date | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Rainfall | .02 | 0 | .01 | .03 | .11 | .01 | .01 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Day
Signature

10/30/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

10/24/04 181/14

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 79 MIN 58

PRECIPITATION:

INCHES .02

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
- No work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

iciencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 10/25/04

REPORT NO.: 82173

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al.

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 83 MIN 65
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------------|---------------------|--------------|------------|
| a. Taylor Corp. | 17+00 - Air monitor | PC200LC | Supervisor |
| b. B'nork Pumphouse | 18+50 (E) F-1 | EX700LC | 4 oper |
| c. Act. on Resources | 20+40 (E) F-1 | Backhoe | 4 finisher |
| d. | 19+00 - 17+50 | B-50 | 7 labor |
| e. | | 18.5 | Mechanic |
| f. | | mini backhoe | 2 drivers |
| g. | | Air monitor | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

17+00 - air monitor
 18+50 - 6 cans load excavation
 20+40 (E) - Forming
 19+00-17+50 - compacting, spreading gravel
 (C) - Took can to miss. ~~Back~~ Dropped one off.
 (B) cleaned Port-o-lots

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

| | | | |
|---------------------|-------------------|------|--------------|
| Data Ram | Density (m) F-1 | | |
| Ill Air monitor log | 21+25 - 103.4 | 17.3 | 80° 3" Stamp |
| | (B) 20+70 - 102.6 | 16.8 | 3rd Truck |
| | 18+50 - 103.7 | 17.2 | 3 cylinders |
| | 17+60 - 107.5 | 16.7 | 23+00-23+50 |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

(20+40) - 3 Sec formed and ready to shotcrete.
3 Sec poured (22+85 - 20+95)

(12+00 - 17+5) - compacting, placing gravel

(cans loaded) Action Resources

107913

Pick up 1 can

107922

Relieved 1 can

107904

Had problem with can leaking
opened can back up to apply stuff to
stop the leak.

107905

108555

107912

54 yd. concrete

T/T 29 min

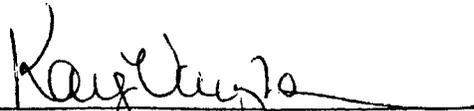
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from owner. Specify corrective action taken.)

None

Tailgate meeting to discuss
safe working.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/25/04 REPORT NO.: 83172

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 82 MIN 59
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|------------------------------|------------|------------|---------------|
| a. Taylor Corp. | 2000-25+95 | 3 oper | EX200LC |
| b. Workmans Comp. Inspection | 19+75 | 4 finisher | PC200LC |
| c. | 19+20 | 8 labor | D-50 |
| d. | | mechanic | 185 |
| e. | | 2 drivers | Bechtel |
| f. | | Supervisor | minibulldozer |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
 (A) 19+20 forming.
 25+95-19+75- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)
 PVC pipe location to pump water to 13+00.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:
 Data Ran
 See air monitor log

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris has repeatedly spoke to Leo Truss concerning Wemmighes Safety glass. We purchased a pair just to accommodate his ear problem. He refused to wear it so if a injury occurs he has been warned. Workmans Comp will not be reponsible in this situation. (per Chris)

3 Sec. Poured Excavation to 18+50(6)
3 Sec. Formed.

8 cans loaded
3 delivered in ~~trucks~~ ^{loaded} - 3 corners

8 cans loaded
63 yd. concrete
T/T 25 mins.

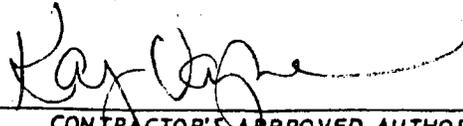
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss working situation in tight locations.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-0)

DATE:

10/27/04

REPORT NO.:

84/71

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 80 MIN 62

PRECIPITATION:

INCHES .03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|-----------------|------------|
| a. Taylor Corp. | 13+50 | Excavator | 3oper |
| b. Gallet | 20+50 | PC 20020 | 4 finisher |
| c. | 0+00 GS | B-50 | 11 Labor |
| d. | 19+15-18+55 | 185 | 1 mechanic |
| e. | | mini backhoe | Supervisor |
| f. | | Backhoe | 2 driver |
| g. | | Flocking System | |
| | | 2nd Pump | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 13+50 - excavation
19+15-17+35 - Shotcrete

(B) Density - Slump

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

See Air monitor log.

(G) Gallet

| | D | m | |
|---------------|---------------|------|-----|
| Cylinders | 13+00 - 104.5 | 16.5 | 98% |
| 18+55 - 19+75 | 13+50 - 103.3 | 16.6 | 96% |
| 2" Slump 83" | 13+75 - 103.3 | 16.8 | 96% |
| | 12+75 - 103.5 | 17 | 96% |

7. VENDOR INSTRUCTIONS RECEIVED: (LIST any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Meeting to discuss issues.

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Geo Truss has been warned repeatedly concerning wearing his safety glasses. He was furnished glass to accommodate his situation. Yet he still is not wearing them. Per Chris Cay. He is not liable for Workmans Com if any accidents due occur associated with this issue.

Excavation has reached 10+00.

On-site walk through - Don, Tommy, Mandeth, Chris, Tiffany, & Btd.

3 sec. poured

3 sec. formed

(72 yrd concrete) (130.52 Tons Rock) (TTT 30 mins)

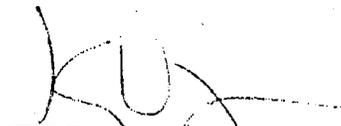
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tr. gate meeting
Working tight locations

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-G)

DATE: 10/28/04 REPORT NO.: 85/70

CONTRACT NUMBER AND NAME OF CONTRACTOR:

DESCRIPTION AND LOCATION OF THE WORK:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 80 MIN 65

PRECIPITATION:

INCHES .11

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------------------|--------------|----------|
| a. | Taylor Corp. 17+35-16+15 | Supervisor | EX200 LC |
| b. | 11+50 | 34 Finishers | 15-50 |
| c. | 14+00 | 11 Labor | 185 |
| d. | 0+00- | 4 Oper. | Backhoe |
| e. | | 2 Drivers | PC200 LC |
| f. | | | Data Ram |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 17+35-16+15 - Shotcrete - covering due to rain
 11+50 - Excavation
 14+00 - Forming - Bulkhead
 0+00 - walkway -

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 Sep Air monitor
 Log

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Concrete called off at 1:30 due to rain. 2-60ft sec. pour & 3 panels formed. Ready to pour. Excavation complete to Wecking form C ditch. finish shaping up area.

47.50 yd. concrete 8 Hyrbales TIT 30 min.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss wet working conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/29/04

REPORT NO.: 86/69

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS 0

TEMPERATURE:
MAX 82 MIN 69

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-------------------|------------------|--------------|---------|
| a. Taylor Corp | 11+600 G | 11 Labor | PC200LL |
| b. Gallet - 15+60 | 11+00-7:50 (E) G | 4 oper | B-50 |
| c. | | 2 Finisher | 185 |
| d. | | 2 drivers | Backhoe |
| e. | | 1 mechanic | |
| f. | | 1 Supervisor | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 15+60 - Structure
- (A) 11+00-7:50 - Excavation
- (B) Gallet 15+60 - Slump 3 cylinders

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly
Flocking system in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Run (Rain)

Slump 2' 85°
15+00-15+60
3 cylinders

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Shotcrete was delayed - wet

2 panels poured

3 panels formed

Tommy on site taking Benchmark Shots

Compacting as they excavate

Cleaning area

Short handed on finishers (2 out.)

48 yds

1 load 24' Rock

TTT 26 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-8)

DATE:

10/30/04

REPORT NO.:

47168

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 79 MIN 61

PRECIPITATION:

INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|------|------------|---------|
| a. Taylor Corp. | 1500 | 3 oper | PC200LC |
| b. Gallet | 1100 | 9 labor | B-50 |
| c. | 750 | 2 finisher | Backhoe |
| d. | | mechanic | 185 |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (G) 1500 - Shotcrete
- (G) 1100 - Form and Geo
- (G) 750 - excavation

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Gallet

No Data ram info
(wet)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Shotcrete complete from 13+55 - 14+35
Geo laid to 9+50
Form~~s~~ completed to 11+50
H60 excavation, compacted and gravel applied.
Excellent progress under wet conditions

54 yd concrete

T/T 35min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meet to discuss awareness.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: Monsanto
Site location (City, County, State): Anniston - Calhoun - Alabama
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-------|-----|------|-----|------|-----|-----|
| Date | 31/04 | 1 | 2 | 3 | 4 | 5 | 6 |
| Rainfall | | 0.1 | 1.09 | 1.1 | 1.01 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray [Signature]
Signature

11/6/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

10/31/04

REPORT NO.:

88165

INTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

0

TEMPERATURE:

MAX

81

MIN

62

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/2/04

REPORT NO.: 89/06

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 82 MIN 65
PRECIPITATION:
 INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|------------|----------|
| a. Taylor Corp. | 11+00 | Supervisor | PC200LC |
| b. | 16+50 | 4 oper | B-50 |
| c. | 11+95 | 3 finisher | 185 |
| d. | 13+80-12+00 | 9 labor | Data Ram |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

11+00 - Pictures
 16+50 - Wrecking form
 11+95 - Setting up
 13+80-12+00 - Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams still in good condition
 Hoses and pipes working properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 See air monitor Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

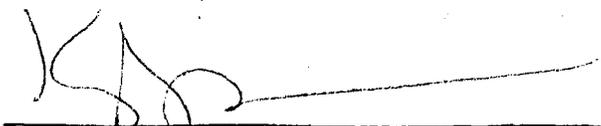
(78 yd concrete)

(TIT 28 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/2/04

REPORT NO.: 90165

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 80 MIN 70

PRECIPITATION:

INCHES 1.09

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------|-------|-------------|----------|
| a. Taylor Corp | 12+50 | 4 oper | PC 200LC |
| b. | 8+00 | 9 labor | Pumps 2' |
| c. | | 3 finishers | Backhoe |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

12+50 - Spawning 14 in Sec. incompleted from previous day
8+00 - Finishing last form in that side at roadway.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams still in place and working properly
Jute dams in place for

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Ram
(Rain)

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

9:00 - Rain set in. Pour 1yd in sec from previous day. Called off for day.

- Cleaning up pump, area, wrecking form. While fixing a lip at inlet under RR. ran up on Criso, asphalt aggregate. Placed checkdam and Sand ^{Jute} bag back in place. Digging also delayed.

T/T 15

(15 roll jute)
(15 Haybales)

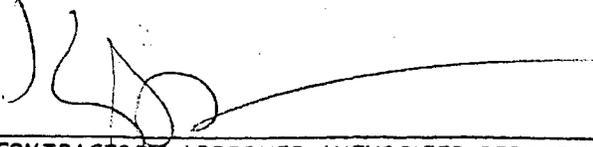
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Tailgate meet to address safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/3/04

REPORT NO.: 91/64

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS B
TEMPERATURE:
MAX 75 MIN 69
PRECIPITATION:
INCHES .11

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- (Rain)

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/04/04

REPORT NO.:

92143

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

45

MIN

52

PRECIPITATION:

INCHES

1.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------|------------|---------|
| a. Taylor Corp. | 11 labor | Saws |
| b. | 1 mechanic | Backhoe |
| c. | 3 oper | |
| d. | 2 drivers | |
| e. | | |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

wrecking form various Sec.
cleaning area.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay today due to previous days weather.

TIT 20

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to cover working in cold conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/5/04

REPORT NO.: 93162

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS D

TEMPERATURE:

MAX 75 MIN 45

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-------------------|--------------|-------------|
| a. | Taylor Corp. | various locations | Backhoe | 4 oper |
| b. | | | mini backhoe | 10 labor |
| c. | | | | 3 finishers |
| d. | | | | 2 drivers |
| e. | | | | Supervisor |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Laborers doing backfill

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place working properly
Pipes and pumps working to direct water

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Test met

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly technical meeting sheets, punch list

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Job still delayed due to huge amounts of water flow through G+F ditch. Pump in place but still an issue
NO concrete or excavation due to said conditions

Crews filling in with clean dirt on various location and spreading gravel.

15 haybales

T/T 35 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Proper PPE discussed in Tailgate

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/6/04

REPORT NO.: 04/161

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS E
TEMPERATURE:
MAX 72 MIN 36
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|------------------|--------------|----------|
| a. | Taylor Corp | various location | Mini Backhoe | 2 oper |
| b. | | | Backhoe | 10 labor |
| c. | | | Pumps | mechanic |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Labor doing backfill

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly
Pumps in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Test - Still wet no digging

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meetings, Phmp list

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Job still delayed due to water flow. Hesn't gotten better
Pumps in place but cannot keep up.

20 Hydrules

T/T 20min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting
Zero Tolerance
Safety first

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11st Anniston
Facility Contact/Title: Ray Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: _____ County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/6/04
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Ray Vaughan
Signature

11/4/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street "Monsanto"
Site location (City, County, State): Anniston, Calhoun, Alabama
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|-------|-------|-------|-------|
| Date | 11/7 | 11/8 | 11/9 | 11/10 | 11/11 | 11/12 | 11/13 |
| Rainfall | 0 | 0 | 0 | .81 | .20 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vajro
Signature

11/13/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/7/04

REPORT NO.:

95160

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 76 MIN 41

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

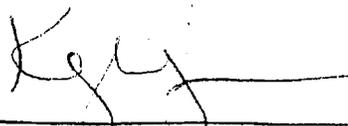
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE: 11/8/04

REPORT NO.: 96159

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 70 MIN 38

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------------------|------------|---------|------------|
| a. Taylor - | 12+5-10+95 | B-50 | 9 Labor |
| b. Kirk Patrick - concrete | " " | PC200LC | 4 Oper |
| c. | | EX200LC | 1 Mechanic |
| d. | | 4 | 3 Finisher |
| e. | | Backhoe | 2 drivers |
| f. | | | Supervisor |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) HSD - installing conduit, laying geonet, taking grade
- (B) Shotcrete delivery
- (A) 12+5-10+95 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Grass is growing on bank of B-ditch
checkdams are in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Data Ran

Density D M 97%
H10 - 104 17
6+25 - 104.6 17.3 98%
11+55-10+95 - Slump 2' 75%
4th Truck 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Cleaning Redkii from area.
2 panels poured, material applied 7+80

(T/T 25mins) (54 yd concrete)

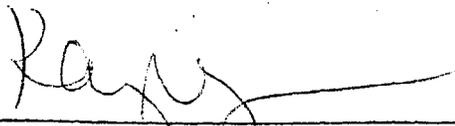
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Safety meeting to discuss
Proper care of hand tools

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

11/9/04

REPORT NO.:

97158

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 70 MIN 38

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|------------|-----------|------------|
| a. Taylor Corp. | 10+95-9+15 | PC200LC | 10 labor |
| b. Gallet | 7+50-6+50 | EX200LC | 5 Finisher |
| c. | | Backhoe 1 | 1 mechanic |
| d. | | Backhoe 2 | 4 oper. |
| e. | | Pumps | 2 drivers |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Shotcrete 10+95-9+15 G
- (A) Forming 7+50E-6+50E G
- (A) Shaping 4+00(W)-G
- (A) Placing conduit for cable (RR)-5+40
- (B) Gallet - Pick up cylinders

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(PVC)
Checking pipes for leaks
Grass coming up on B ditch,
Backfill in place C, b & D, G

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris contacted Kirkpatrick with concern of gradation. Engineer^(B) from Kirkpatrick guaranteed gradation (fax). See in question L&S
10+95 - 10+35 10+35 - 9+65 9+65 - 9+15.

Installing conduit for RR in case in matter arises in the future with their cable system.

3 panels poured, 2 formed. Excavation to 12+50^(B) G

JR to fill pump up till 10:00pm.

(T/T - 22min) (9 yd. concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

Tailgate meeting
to address concerns

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

11/10/04

REPORT NO.:

98157

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 70 MIN 39

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|--------------------|------------|-------------|------------|
| a. Taylor Corp | 3+50 | PC200LC | 2 oper |
| b. Taylor Surveyor | 10+35-9+15 | Ex 200LG | 2 driver |
| c. | | Backhoe i+z | 3 finisher |
| d. | | | 9 labor |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 3+50 - Excavation
- (A) 10+35 + 9+15 - shotcrete
- (B) Taylor Survey - as built shots

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams-jute - working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to
air monitor
log

Slump 2 1/2 70°
3 cylinders
(Gallet)
4th Truck

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

PC200 LC, backhoe - shaping up

3rd Truck out of spec 4 1/2 slump - truck was rejected

3 panels poured

T/T 20 mins

(63yd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss safety.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/11/04

REPORT NO.:

99154

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:

CLASS B

TEMPERATURE:

MAX 62 MIN 50

PRECIPITATION:

INCHES 1.81

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

3 Checkdams

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams installed 3x50

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Rain set in for day -

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

11/12/04

REPORT NO.:

100/57

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

70

MIN

35

PRECIPITATION:

INCHES

.20

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|-----------|---------|--------------|
| a. | Taylor Corp | 7t50- | Backhoe | 9 labor |
| b. | | 7t10-6t50 | | 4 oper |
| c. | | | | 2 drivers |
| d. | | | | 1 mechanic |
| e. | | | | 1 supervisor |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

7t50- Pumps
7t10-6t50- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NO finishers showed up
1 panel was poured
NO excavation - too much water

(20 haybales) (concrete 3 days) T/T 28 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Key O'Connell

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/13/04

REPORT NO.: 101/54

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 60 MIN 40
PRECIPITATION:
INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|-------------|-----------|----------|
| a. | Taylor Corp | 7+70-5+90 | PC 200LL |
| b. | | 4+00-0+00 | EX 200LL |
| c. | | | WP140 |
| d. | | | Backhoe |
| e. | | | Datsun |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
(A) 7+70-5+90 - Shotcrete
(A) 4+00-0+00 - Geomat, excavation, elevation

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)
Checkdams in place working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:
~~Aug~~ Refer to air meter log
2nd Truck to Sump Rejected

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay due to concrete being out of spec. 2nd truck rejected
Progress stressed due to finishers not showing for work.
Excavation almost completed. Water cap an issue.
3 finishers released due to attendance.

(TTT 32 min) (Hyd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Held safety meeting to discuss attendance

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11th Street
Facility Contact/Title: Don Williams
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: _____ County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/13/04 12:00 Am
which I or personnel under my direct supervision (dist: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Ray Vafra
Signature

11/13/04
Date

Title

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th Street Ditch
 Site location (City, County, State): Anniston, Calhoun, AL
 NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|------|------|------|------|
| Date | 9/14 | 9/15 | 9/16 | 9/17 | 9/18 | 9/19 | 9/20 |
| Rainfall | 0 | 0 | 0 | 0 | .01 | .14 | .05 |

Sampling Information

Sample Type: ~~A~~ 3 Pt Composite

Location: 0+75

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray [Signature]
Signature

11/20/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/14/09

REPORT NO.:

102155

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

62

MIN

43

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

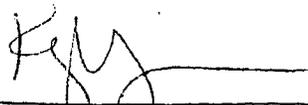
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/15/04 103/54

TRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 65 MIN 34

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|------------------------|-------------------|--------------|----------------|
| a. | Taylor Corp. | 7+80, 4+00, 2+50. | PC 200LC | 2 drivers |
| b. | Water Works (Anniston) | Small Creek | Mini Backhoe | 1 Oper |
| c. | Gallot. 5+30-4+70 | | Backhoe | 3 Finisher |
| d. | | | W140 | 9 labor |
| e. | | | B-50 | Shovel/scraper |
| f. | | | | mechanic |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Excavation 2+50, backform 7+80(G), 4+00 forming - 0+00
(B) Ann. Water Works - checking dept of water line

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No testing (WOT)

(Gallot) 7th Track
4+70-5+30
72° 1' slump
3 cylinders

INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Dungy backfill throughout G-ditch
Shaping Snow Creek
Federal Judges on Site
Action pickup 2 rolloff dropped 2 off

(20 Haybales)

T/T-40 min

(77 yd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/16/04

REPORT NO.:

104/53

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

64

MIN

37

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|--------------------|--------------|---------|------------|
| a. Taylor Corp. | 4475 - 04595 | PC200W | 2 Finisher |
| b. Kirkpatrick | 0400 - 4475 | Backhoe | 9 Labor |
| c. Taylor Surveyor | | WP140 | 1 mechanic |
| d. Gallet | | B-50 | 2 driver |
| e. Genesis | | | 4 Oper |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 0400 - 4475 excavation in Snow Creek, forming, backing form
- (B) Delivering concrete
- (C) Taking as built shots
- (D) Gallet - Stumps, 3 cylinders
- (E) Genesis - 0475 3 pt composite

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams are in place
Cross grouting in areas

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Rain
Refer to Air monitor
Log sheets

4475-4470
Gallet - 2' Stump 3 cylinders
Genesis-0475
3 pt composite

7. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

delay Pump malfunction two separate times. Last track had to be turned away due to pump stopping.

Form complete to 2+50

Excavation complete. Shaping up in snow check area.

(15 hay bales) TTT - 38 mins (77 yds)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

Trailgate meeting to discuss wet conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Karen Oringha

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

11/17/04

REPORT NO.:

105/52

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 72 MIN 50

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----------------|------|------|----------|--------------|
| a. Taylor Corp | 0+00 | 1+10 | PC 200LC | 14 finishers |
| b. Gallet | | | LP 140 | 9 labor |
| c. | | | B-50 | 4 oper |
| d. | | | Backhoe | 1 mechanic |
| e. | | | | 2 drivers |
| f. | | | | 1 supervisor |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 0+00, 1+10 - spreading gravel, shotcrete, laying fabric

B) Gallet 3 cylinders Temp

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdam working properly
PVC - NO leaks
Grass setting up grass

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Rain
Refer to air monitor log

Gallet

1. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to week ago tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

New Pump - Broke down 2 times
Working Form, Spreading rip rap Shore Creek
Setting Form 10+50 Bottom,
Excavation, forming completed.
2 1/2 panels poured

20 bag bags (Tilt 45 min) (95 yd concrete)

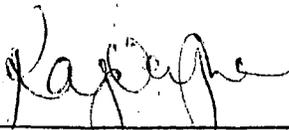
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Safety meeting address
work with extra help.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/18/04

REPORT NO.: 106/51

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 70 MIN 50
PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------------------|----------------------|-----------|------------|
| a. Taylor Corp | 1135-0+15, Snowcreek | PC 200LL | 6 finisher |
| b. Penhill | B ditch | WPK10 | 9 labor |
| c. Anniston Police Officer | G ditch | Excavator | 4 operator |
| d. | | B-50 | mechanic |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 1135-0+15 (Snowcreek) - Snowcreek-making riprap channel.
- (A) B ditch - form area for installing riprap channel.
- (A) Working forms throughout G ditch.
- (B) B ditch
- (C) G ditch directing traffic.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place and working properly
PVC pipes draining properly
Grass in various areas coming up well.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO excavation

| | |
|-----------------|--------------|
| Core 3 sections | Gullet |
| 19+45 | 0+25-1+35 |
| (1) 20+05 | 76" 2' Slump |
| 20+30 | 3 cylinders |
| (2) 18+30 | |
| 18+30 | |
| 18+10 | |
| (3) 10+80 | |
| 10+40 | |
| 0+70 | |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

See weekly tech. meeting reports

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

3 panels poured
B3 ditch - proper pad formed
wrecking form
Pennhall took 3 core samples

(20 haybales)

(86 yd concrete)

(40 min T/T)

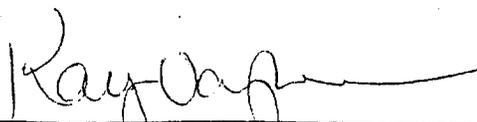
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

Tailgate meeting to discuss PPE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/19/04

REPORT NO.: 107/5D

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B
TEMPERATURE:
MAX 65 MIN 50
PRECIPITATION:
INCHES .14

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------|--------------------------|--------------|------------|
| a. Taylor Corp | 0+75 - 1+35, 0+15 - 0+25 | PC200LC | 4 Oper |
| b. Ex 1181 | | Backhoe | 8 Labor |
| c. | | mini tractor | 1 mechanic |
| d. | | WB150 | Supervisor |
| e. | | B-150 | 2 Drivers |
| f. | | 135 | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
 a) Check forms
 b) Backfill
 c) Shotcrete 0+75-1+35, Rip Rap Show Creek

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)
 Pumps working properly
 Checkdams in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:
 NO TEST
 Rain
 Outlet

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Progress on backfill going great
Got shoring in place & prepared tank
Completed shoring rip rap in Show Creek
2 panel left in Gdinch to shot
Cover sec pole today poly
Rain pending

(20 keyholes) (40 min 1/1) (45 yd)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vagha

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-0)

DATE:

11/20/04

REPORT NO.:

108/49

CONTRACT NUMBER AND NAME OF CONTRACTOR:

DESCRIPTION AND LOCATION OF THE WORK:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

67

MIN

58

PRECIPITATION:

INCHES

.05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|------------------|--------------|-------------|
| a. Taylor Corp. | 0700, 2150, 9100 | PC 200 cc | 2 finishers |
| b. | | mini Backhoe | 3 OPER |
| c. | | Backhoe | 9 labor |
| d. | | W150 | mechanic |
| e. | | | Supervisor |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- 0700 - Shotcrete
- 2150 - Forming
- 9100 - pouring wedge sec.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place
PVC pipes still working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Backfill to 2+50
formed last section 2+50(G)
poured wedge sec 9+00
Delay due to rain setting in.

(25 Haybales)

(T/T 30 min)

(21 yd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11th St.
Facility Contact/Title: Kay Vay
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: N/A County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section (to nearest 1/4 section): Anniston
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/20/04 5:00
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vay
Signature

11/20/04
Date

Title

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th Street Ditch Monsanto
 Site location (City, County, State): Anniston Calhoun Alabama
 NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-------|------|------|------|-------|-----|------|
| Date | 11/21 | 22 | 23 | 24 | 25 | 26 | 27 |
| Rainfall | 1.93 | 2.14 | 1.42 | 1.73 | 0.001 | 0 | 0.34 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

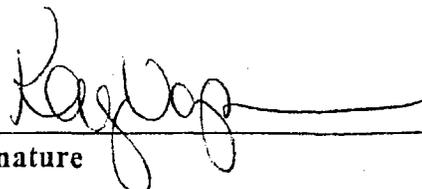
Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:


Signature

11/28/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/21/94

REPORT NO.:

109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX MIN

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. **WORK PERFORMED TODAY:** (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. **TYPE AND RESULTS OF INSPECTION:** (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/22/04

REPORT NO.:

109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 60 MIN 58

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. Sunday
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

1. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/22/04

REPORT NO.:

110/47

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

64

MIN

63

PRECIPITATION:

INCHES

0.616

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|-----------|------------|
| a. | Taylor Corp. | 21+50 G-1 | 7 labor |
| b. | | | 2 driver |
| c. | | | 3 open |
| d. | | | Supervisor |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

21+50 G-1 - shotcrete last panel

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meets

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay due to rain

Last Sec. Shotcrete before heavy rain sets in
action resources dropping rolloffs picking up 2

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Darr

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

11/23/04

REPORT NO.:

111/46

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX 70 Min 60

PRECIPITATION:

INCHES 0.672

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|---------|------------|
| a. | Taylor Corp. | B-ditch | 6 labor |
| b. | | | 1 operator |
| c. | | | 2 drivers |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

B-ditch - taking up pvc pipe throughout ditch

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None - Rain

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

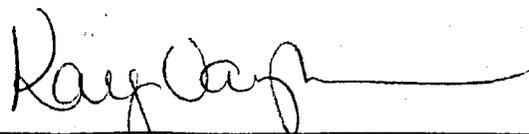
5 action trucks picked up rolloffs
Delay due to Rain setting in

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/24/04

REPORT NO.:

112/45

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 70 MIN 53

PRECIPITATION:

INCHES 0.73

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------|--------------|---------|------------|
| a. | Taylor | B-ditch 2200 | PC200LC | 2 oper |
| b. | | D-ditch | Backhoe | Supervisor |
| c. | | E-ditch | EX200LC | 2 driver |
| d. | | | Tractor | |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

B^D-ditch - backfill
2200 - Riprap
E-ditch - shaping up

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Check for proper drainage

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

4 loads ballis from railroad holding yard - Beckfill B-ditch

Delay still due to flooding rain and severe weather

22+00 B-ditch riprap

B+C ditch backfill ballis

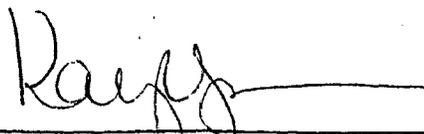
TIT 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/25/04

REPORT NO.:

113/44

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 55 Min 34

PRECIPITATION:

INCHES .001

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Thanksgiving*

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

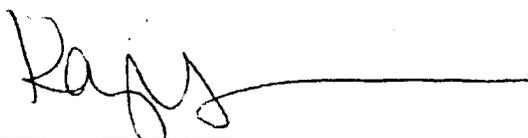
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/26/04

REPORT NO.:

114/43

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 60 Min 32

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-----------|-------------------|------------|
| a. | Taylor Corp. | E-ditch | PC200LC | 3 oper |
| b. | | B+G ditch | Backhoe | 2 drivers |
| c. | | | 6x200LC | 6 labor |
| d. | | | 2 Roll off trucks | Supervisor |
| e. | | | | EPA |
| f. | | | | Alcohol |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(B-ditch) - fabric layed, wrecking form
(G-ditch) - wrecking form, cleaning debris from area
(E-ditch) Clean fence line. Preparing to lay ballis, fabric

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

1. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Progress going well. Cleaning up trash and debris from various areas.
Getting topsoil layed down E-ditch
Fabric layed down b-ditch overflow at fence
Cutting trees and scrubs down E-ditch. Laying fabric + balls
Taking area in fence down to get to E-ditch with balls
Remove over 50 cut of 30yd into 2 20yd. Placed in bone yard

(NO concrete) (NO Haybaler)

T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

Tailgate to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vape

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/27/09

REPORT NO.: 115/42

TRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
 - CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
 - CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
 - CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
 - CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS _____

TEMPERATURE:
MAX 51 Min 38

PRECIPITATION:
INCHES 0.36

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

Taylor Corp ED, C, B, S ditch,
Ultra Liner D-ditch

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- D - Shaping +
 - C - wrecking forms
 - B - laying fabric - clean up
 - A - clean up
 - E - laying ballis, shaping
- (B) Ultra Liner cleaning pipe D-ditch

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

10:30 delay due to rain setting in
Ultra line on site to clean pipe D-ditch
Topsoil in place ready to spread out
finish cleaning E ditch laying ballis

T/T 20min

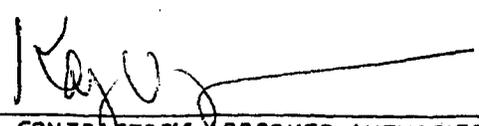
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

Tailgate meet to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch
Site location (City, County, State): Anniston Calhoun Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-------|-------|-------|------|------|------|------|
| Date | 11/28 | 11/29 | 11/30 | 12/1 | 12/2 | 12/3 | 12/4 |
| Rainfall | | Ø | Ø | Ø | Ø | Ø | Ø |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray D. P.
Signature

12/3/01
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/28

REPORT NO.:

116/41

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 58 Min 42

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

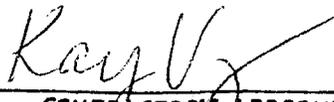
VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/29/04

REPORT NO.:

117/40

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX 65 Min 48

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|-----------------|-------------------|----------|
| a. | Taylor Corp | G-ditch 21+50 | PC200 LC | 8 labor |
| b. | | B-ditch (grate) | EX200 LC | 3 oper |
| c. | | D-ditch 07+00 | mini tractor | 2 driver |
| d. | | C-ditch | Backhoe | mechanic |
| e. | | E-ditch | W150 | |
| f. | | | 2 Roll off trucks | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- G-ditch - busting up concrete, re-forming
- B-ditch - riprap - overflow area at grate
- D-ditch - backfill - Hay - seed
- C-ditch - spreading top soil, Hay, laying sod
- E-ditch - finish up spreading ballist

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

measure several locations

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

5 loads of riprap -

finishing up in various locations. 4 concrete pipes delivered for G-ditch expansion

#2 Rip Rap

12637 ton

T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/30/04 REPORT NO.: 118139

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 64 MIN

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------------------------|---------------------|-------------------|
| <u>Taylor Corp. C, A, E, B, G</u> | <u>EX200LC</u> | <u>3 per</u> |
| | <u>PC200LC</u> | <u>7 labor</u> |
| | <u>backhoe</u> | <u>2 driver</u> |
| | <u>mini backhoe</u> | <u>Supervisor</u> |
| | <u>Tractor</u> | <u>Mechanic</u> |
| | <u>mini tractor</u> | |
| | <u>W150</u> | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) D & C - Sod
- E - finish shaping ballist
- B - finish shaping riprap at overflow grate
- G - Install one pipe

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

measure B-ditch to set pipe in
do some shaping to get good fit

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

...any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Got 99% progress of work - 45 days ahead on schedule
100% man hour expended
Punch list completed in many areas
Sediment trap suggestion approved by John Lopez

Checked agg. Base

2655 ton

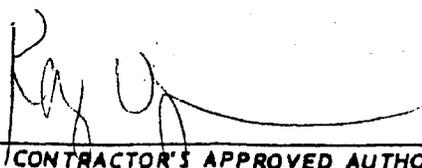
T/T 45 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

12/1/04

REPORT NO.:

119138

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX 61 Min 32

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. D+C, B
- b.
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) D - Sod, Shaping, Cleanup
- C - Sod, Shaping, Cleanup, laying DGA + gravel, compacting
- B - Placing pipes, french drain

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

checking pipe, french drain.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None -

VERIFY INSTRUCTIONS RECEIVED. (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

G-ditch - got pipe covered

C-ditch - got good bit cleaned up Have pretty good way to

Roadway looking very good.

(concrete 20 yds)

(15 loads Rock)

(T/T 30 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Ray [Signature]

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

12/2/04

REPORT NO.:

120137

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

62

MIN

28

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------------------|------------|---------------|
| 1. Taylor Corp - D, G, C, B | 7 labor | PC200LC |
| | 3 oper | EX200LC |
| | 2 driver | W9000 |
| | Supervisor | W150 |
| | | Backhoe 1 & 2 |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- D - Cleaning up RF ties, installing Sediment traps (2550)
- C - Spread DGA, Cleaning up, Sediment traps - 8+60
- G - Backfill - 1+49
- B - Sediment traps (13+45) fill in cone sites

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Everything coming along great.
Clean-up rapping up. few things mention needed to be done.

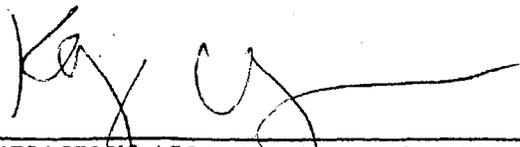
8 loads Rock & DGA TTT 40 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

12/3/04

REPORT NO.:

121136

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX 59 Min 29

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|-------------|--------------------------|---------------------------------|
| a. | Taylor Corp | B, C, G, D, | Plow | Mechanic |
| b. | Penhall | B, C | Backhoe 1 & 2 Tractor | Supervisor 3 Oper 7 Labor |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) B, C, G, D - clean up - (D) ditch - Box
- (B) Penhall - milling

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checked

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

No excavation

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean-up continues to look great

Delay due to equipment in D-ditch doing bone

(Pennhill)
Milling was completed C- 3+10, 4+00, 5+20
B- 13+50, +

SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

12/04/04

REPORT NO.:

122135

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

A

CLASS

TEMPERATURE:

MAX 65 Min 32

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|--------------|------------|
| 1. Taylor Corp. | B, C, D, E, | Perzoolc | 3oper |
| | | Bone | 2 drivers |
| | | mini backhoe | 6 labor |
| | | min. Tractor | Supervisor |
| | | Backhoe | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Clean-up in all locations
Ditch Bone

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

measuring distance for bone

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No test

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to Weekly tech. meeting

REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean up almost completed
Bore going smoothly and completed
Sediment placed in Roll off to be sampled

2 Roll Jute T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kayser

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: MOHSEN TO

Facility Street Address: _____

Facility Contact/Title: Taylor Corp

Phone Number: 8351800 Fax Number: _____ E-Mail: _____

NPDES Permit Number: N/A County: Calhoun

Latitude: _____ Longitude: _____

Township, Range Section(to nearest 1/4 section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/28 12:00
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official Kay Signature 11/28/04 Date

Title

May 12, 2005

**COMPLETION REPORT
Volume III of III
Appendices K-T**

**11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama**

ROUX ASSOCIATES, INC.

Environmental Consulting & Management



1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX K
DUST MONITORING RESULTS

**Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control**

| DATE | HOURS | APPROXIMATE GALLONS | MISCELLANEOUS |
|---------|-------|---------------------|-------------------|
| 8/5/04 | 2 | 3,000 | Truck Traffic |
| 8/6/04 | 2 | 3,000 | Truck Traffic |
| 8/7/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/8/04 | 0 | 0 | Sunday |
| 8/9/04 | 2 | 3,000 | Truck Traffic |
| 8/10/04 | 2 1/2 | 4,000 | Truck Traffic |
| 8/11/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/12/04 | 2 | 3,000 | Truck Traffic |
| 8/13/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/14/04 | 2 | 3,000 | Truck Traffic |
| 8/15/04 | 0 | 0 | Sunday |
| 8/16/04 | 2 | 3,000 | Truck Traffic |
| 8/17/04 | 2 | 3,000 | Truck Traffic |
| 8/18/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/19/04 | 2 | 3,000 | Truck Traffic |
| 8/20/04 | 0 | 0 | Wet Conditions |
| 8/21/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/22/04 | 0 | 0 | Sunday |
| 8/23/04 | 2 | 3,000 | Truck Traffic |
| 8/24/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/25/04 | 0 | 0 | Rain |
| 8/26/04 | 2 | 3,000 | Truck Traffic |
| 8/27/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/28/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/29/04 | 0 | 0 | Sunday |
| 8/30/04 | 2 | 3,000 | Truck Traffic |
| 8/31/04 | 2 | 3,000 | Truck Traffic |
| 9/1/04 | 0 | 0 | Wet Conditions |
| 9/2/04 | 0 | 0 | Wet Conditions |
| 9/3/04 | 0 | 0 | Wet Conditions |
| 9/5/04 | 0 | 0 | Sunday |
| 9/6/04 | 0 | 0 | Holiday |
| 9/7/04 | 0 | 0 | Wet Conditions |
| 9/8/04 | 0 | 0 | Wet Conditions |
| 9/9/04 | 0 | 0 | Wet Conditions |
| 9/10/04 | 0 | 0 | Wet Conditions |
| 9/11/04 | 0 | 0 | Wet Conditions |
| 9/12/04 | 0 | 0 | Sunday |
| 9/13/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 9/14/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 9/15/04 | 0 | 0 | Wet Conditions |
| 9/16/04 | 0 | 0 | Hurricane |
| 9/17/04 | 0 | 0 | Wet Conditions |
| 9/18/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 9/19/04 | 0 | 0 | Sunday |
| 9/20/04 | 1 | 1,000 | Dry Conditions |
| 9/21/04 | 1 | 1,000 | Dry Conditions |
| 9/22/04 | 0 | 0 | No Excavation |
| 9/23/04 | 0 | 0 | No Excavation |
| 9/24/04 | 2 1/2 | 4,000 | Equipment Traffic |

**Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control**

| | | | |
|----------|---|-------|-----------------------|
| 9/25/04 | 0 | 0 | No Excavation |
| 9/26/04 | 0 | 0 | Sunday |
| 9/27/04 | 1 | 1,000 | Equipment Traffic |
| 9/28/04 | 0 | 0 | Low Equipment Traffic |
| 9/29/04 | 0 | 0 | No Traffic |
| 9/30/04 | 0 | 0 | No Traffic |
| 10/1/04 | 2 | 2,000 | Truck Traffic |
| 10/2/04 | 0 | 0 | No Traffic |
| 10/3/04 | 0 | 0 | Sunday |
| 10/4/04 | 3 | 3,000 | Equipment Traffic |
| 10/5/04 | 0 | 0 | No Excavation |
| 10/6/04 | 0 | 0 | No Excavation |
| 10/7/04 | 0 | 0 | Low Equipment Traffic |
| 10/8/04 | 0 | 0 | Low Equipment Traffic |
| 10/9/04 | 0 | 0 | Rain |
| 10/10/04 | 0 | 0 | Sunday |
| 10/11/04 | 0 | 0 | Rain |
| 10/12/04 | 0 | 0 | Wet Conditions |
| 10/13/04 | 0 | 0 | Wet Conditions |
| 10/14/04 | 0 | 0 | Low Equipment Traffic |
| 10/15/04 | 0 | 0 | Wet Conditions |
| 10/16/04 | 0 | 0 | Illness |
| 10/17/04 | 0 | 0 | Sunday |
| 10/18/04 | 0 | 0 | No Equipment Traffic |
| 10/19/04 | 0 | 0 | Rain |
| 10/20/04 | 0 | 0 | Wet Conditions |
| 10/21/04 | 0 | 0 | Wet Conditions |
| 10/22/04 | 0 | 0 | Low Equipment Traffic |
| 10/23/04 | 0 | 0 | Wet Conditions |
| 10/24/04 | 0 | 0 | Sunday |
| 10/25/04 | 0 | 0 | Wet Conditions |
| 10/26/04 | 0 | 0 | Wet Conditions |
| 10/27/04 | 0 | 0 | Rain |
| 10/28/04 | 0 | 0 | Rain |
| 10/29/04 | 0 | 0 | Rain |
| 10/30/04 | 0 | 0 | Wet Conditions |
| 10/31/04 | 0 | 0 | Sunday |
| 11/1/04 | 0 | 0 | Wet Conditions |
| 11/2/04 | 0 | 0 | Rain |
| 11/3/04 | 0 | 0 | Rain |
| 11/4/04 | 0 | 0 | Rain |
| 11/5/04 | 0 | 0 | Wet Conditions |
| 11/6/04 | 0 | 0 | Wet Conditions |
| 11/7/04 | 0 | 0 | Sunday |
| 11/8/04 | 0 | 0 | Wet Conditions |
| 11/9/04 | 0 | 0 | Wet Conditions |
| 11/10/04 | 0 | 0 | Low Equipment Traffic |
| 11/11/04 | 0 | 0 | Rain |
| 11/12/04 | 0 | 0 | Low Equipment Traffic |
| 11/13/04 | 0 | 0 | Low Equipment Traffic |
| 11/14/04 | 0 | 0 | Sunday |

**Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control**

| | | | |
|----------|---|-------|-----------------------|
| 11/15/04 | 0 | 0 | Low Equipment Traffic |
| 11/16/04 | 0 | 0 | Wet Conditions |
| 11/17/04 | 0 | 0 | Wet Conditions |
| 11/18/04 | 0 | 0 | Wet Conditions |
| 11/19/04 | 0 | 0 | Wet Conditions |
| 11/20/04 | 0 | 0 | Wet Conditions |
| 11/21/04 | 0 | 0 | Wet Conditions |
| 11/22/04 | 0 | 0 | Wet Conditions |
| 11/23/04 | 0 | 0 | Rain |
| 11/24/04 | 0 | 0 | Wet Conditions |
| 11/25/04 | 0 | 0 | Holiday |
| 11/26/04 | 2 | 3,000 | Low Equipment Traffic |
| 11/27/04 | 1 | 1,000 | Low Equipment Traffic |
| 11/28/04 | 0 | 0 | Sunday |
| 11/29/04 | 3 | 4,000 | Low Equipment Traffic |
| 11/30/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/1/04 | 0 | 0 | No Equipment Traffic |
| 12/2/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/3/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/4/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/5/04 | 0 | 0 | Sunday |

AIR MONITORING LOG

| | | |
|--|------------------------------|---------------------|
| PROJECT SITE 11 TH Street Ditch | H/S OFFICER | DATE: 8/8/04 |
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | |

| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
|------------|---------------------|----------|------|----------|
| | | | | Sunday |
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CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Eldon
 Health & Safety Officer

DATE: 8/8/04

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/2/04 |
|--|-----------------------|--------------|------|---------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C, 91, wet | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | NO excavation |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray</u> | | DATE: 9/2/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/31/04 |
|--|-----------------------|---------------|-------|---------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 51 dry | | | | |
| Conc/TWA | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Data Run | 38.7 / 43.6 | Z+80 | 7:00 | |
| | 22.2 / 29.6 | | 8:00 | |
| | 22.7 / 29.3 | | 9:00 | |
| | 20.4 / 28.2 | | 10:00 | |
| | 20.2 / 28.0 | | 11:00 | |
| | 36.6 / 40.1 | | 12:00 | |
| | 17.2 / 26.6 | | 1 | |
| | 15.5 / 20.2 | | 2 | |
| | 15.8 / 20.0 | | 3 | |
| | 15.4 / 18.7 | | 4 | |
| 14.0 / 18.2 | 5 | | | |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray Voss</u> | | DATE: 9/31/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/15/04 |
|--|---------------------|----------------------|------|---------------|
| PROJECT NUMBER | LEVEL OF PROTECTION | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | Sunday |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray</u> | | DATE: <u>9/15/04</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/16/04 |
|--|---------------------|---------------|------|---------------|
| PROJECT NUMBER | LEVEL OF PROTECTION | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | Holiday |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray</u> | | DATE: 9/16/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/14/04 |
|--|-----------------------|----------------------|-------|----------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P. Cloudy, 80, F | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Detectam | Normal | 2450 | 9:00 | Conc 18.0 / TWA 29.2 |
| | | | 10:00 | 14.9 24.5 |
| | | | 1:00 | 15.6 19.3 |
| | | | 2:00 | 8.3 17.4 |
| | | | | 15.7 16.2 |
| | | | | IWA - 016.1 |
| | | | | MinC 003.1 |
| | | | | MaxC 498.3 |
| | | | | Start Time 7:41 |
| | | | | ET 9:00 |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Rafy</u> | | DATE: <u>9/14/04</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/19 |
|--|---------------------|----------------------|------|------------|
| PROJECT NUMBER | LEVEL OF PROTECTION | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | Sunday |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Kayley</u> | | DATE: <u>9/19/07</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER _____ | | DATE: 10/2 |
|--|-----------------------|-------------------|------|---------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 54 deg | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No excavation |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Kapp</u> | | DATE: 10/2/03 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER _____ DATE: <u>10/8/04</u> | | |
|--|---------------------------------|--|------|------------------------------|
| PROJECT NUMBER <u>04007</u> | LEVEL OF PROTECTION <u>B</u> | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) <u>91C-74-avg</u> | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| <u>Datamon</u> | | | | |
| | | | | |
| | | | | |
| | | | | ST 7:00 |
| | | | | ET 10hr |
| | | | | TWA 019.6 ug/m ³ |
| | | | | Avgc 075.9 ug/m ³ |
| | | | | maxc 059.3 |
| | | | | MAXC 250.4 |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Wayne</u> | | DATE: <u>10/8/04</u> | | |
| _____ Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 10/24/01 |
|--|------------------------|-------------|-------|---------------------|
| PROJECT NUMBER 0007 | LEVEL OF PROTECTION: B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) 110 West D | | | | |
| (conc / WWA) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Data Rain | 46.7 / 51.6 | 22.5 | 7:00 | Preparation rain |
| | 49.1 / 42.0 | | 8:00 | Preparation rain |
| | 49.7 / 45.2 | | 9:00 | Preparation rain |
| | 48.2 / 55.2 | | 10:00 | Preparation rain |
| | 61.0 / 61.6 | | 11:00 | Preparation rain |
| | 51.5 / 47.4 | | 12:00 | |
| | 47.0 / 46.6 | | 1 | Also train in close |
| | 41.1 / 46.0 | | 2 | Also train in close |
| | 75.5 / 40.4 | | | |
| | 32.6 / 47.5 | | | |
| | 32.2 / 47.4 | | | |
| <p>CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)</p> <p>ADDITIONAL NOTES:</p> <p>SIGNATURE: _____ DATE: 10/18/01</p> <p style="text-align: center;">Health & Safety Officer</p> | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 10/23/04 | |
|--|-----------------------|-------------|----------------|---------------------|--|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 73, dry | | | | | |
| Conc TWA | | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS | |
| Data Ran | 42.2 / 51.7 | | 7:00 | located near train. | |
| | 27.2 / 33.4 | | 8:00 | | |
| | 27.6 / 35.2 | | 9:00 | | |
| | 22.5 / 25.5 | | 10:00 | | |
| | 22.2 / 25.6 | | 11:00 | | |
| | 27.0 / 26.6 | | 12:00 | | |
| | 21.6 / 24.7 | | 1 | | |
| | 42.6 / 52.3 | | 2 | | |
| | 21.6 / 24.6 | | 3 | | |
| | 19.5 / 26.6 | | 4 | | |
| | 19.2 / 26.3 | | 5 | | |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | | |
| ADDITIONAL NOTES: | | | | | |
| SIGNATURE: <u>Ray Duff</u> Health & Safety Officer | | | DATE: 10/23/04 | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 10/25/04 | |
|--|---------------------|-----------------------|-----------------------|----------------|--|
| PROJECT NUMBER 04007 | | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 18.3, dry | | | | | |
| Conc / TWA | | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS | |
| DataRam | 17.2 / 20.9 | 18+50 | 7:00 | CUG 17.2 | |
| | 14.6 / 19.4 | ↓ | 8:00 | | |
| | 07.0 / 12.3 | 17+00 | 9:00 | may 46.6 | |
| | 07.6 / 12.6 | | 10:00 | | |
| | 00.00 / 06.2 | | 11:00 | ET 46.6 | |
| | 00.04 / 08.6 | | 12:00 | | |
| | 0.03 / 08.4 | | 1 | | |
| | 0.02 / 04.4 | | 2 | | |
| | 0.00 / 06.4 | | 3 | | |
| | 0.02 / 06.6 | | 4 | | |
| 0.02 / | | 5 | | | |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | | |
| ADDITIONAL NOTES: | | | | | |
| SIGNATURE: <u>Ray Dwyer</u> | | | DATE: <u>10/25/04</u> | | |
| _____ Health & Safety Officer | | | | | |

AIR MONITORING LOG

| | | |
|---|-------------|----------------|
| PROJECT SITE 11 TH Street Ditch | H/S OFFICER | DATE: 10/26/04 |
|---|-------------|----------------|

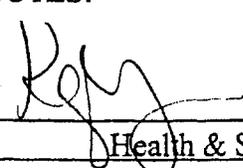
| | |
|-------------------------|------------------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B |
|-------------------------|------------------------------|

DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny, Dry 82°
conc TWA

| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
|------------|---------------------|----------|-------|------------------------------|
| DataStar | 49.2 55.6 | 17+00 | 7:00 | Avg. 028.5 |
| | 48.6 52.0 | | 8:00 | Maxc. 1.98 mg/m ³ |
| | 32.2 30.3 | | 9:00 | MinC 04.5 ug/m ³ |
| | 20.2 29.6 | | 10:00 | TWA 024.2 ug/m ³ |
| | 21.2 22.2 | | 11:00 | |
| | 20.0 22.1 | | 12:00 | S/T. 7:00 |
| | 26.2 30.0 | | 1 | |
| | 20.7 22.6 | | 2 | ET. 10hr. |
| | 19.6 20.6 | | 3 | |
| | 19.2 20.4 | | 4 | |
| | 04.4 18.1 | | 5 | |
| | 18.1 | | 6 | |
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CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE:  DATE: 10/26/04

Health & Safety Officer

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/17/04 |
|--|-----------------------|----------------|------|-------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P/O / 72° (W) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No - 8 - 11/17/04 |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Kayes</u> | | DATE: 11/17/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/23/04 |
|--|-----------------------|-----------------------|------|-------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) R, T, wet | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No excavating |
| | | | | |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Roux</u> | | DATE: <u>11/23/04</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

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|--|--------------------------|-------------------|
| PROJECT SITE 11 TH Street Ditch | H/S OFFICER | DATE: 11/24/04 |
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 100, Wet | | |

| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
|------------|---------------------|----------|------|---------------|
| | | | | NO Excavating |
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CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux
Health & Safety Officer

DATE: 11/24/04

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER _____ | | DATE: 11/25/04 |
|--|-----------------------|--------------------|------|----------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) SS, dry, Sunny | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | Thanksgiving |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Roux</u> | | DATE: <u>11/25</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/22/09 |
|--|-----------------------|-------------|----------------|----------------|
| PROJECT NUMBER 07007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) K, S, 114 | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No overcasting |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Roux</u> Health & Safety Officer | | | DATE: 11/22/09 | |

AIR MONITORING LOG

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|---|-------------------------------|
| PROJECT SITE 11 TH Street Ditch | H/S OFFICER _____ DATE: 11/30 |
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION <u>B</u> |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) <u>C, 60, wet</u> | |

| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
|------------|---------------------|----------|------|-------------|
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| | | | | NO |
| | | | | Excavations |
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CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux
Health & Safety Officer

DATE: 11/30/04

AIR MONITORING LOG

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|--|-----------------------|-------------|
| PROJECT SITE 11 TH Street Ditch | H/S OFFICER | DATE: 12/03 |
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) 5, 58, D | | |

| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
|------------|---------------------|----------|------|---------------|
| | | | | |
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| | | | | NO EXCAVATION |
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CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Roux
Health & Safety Officer

DATE: 12/03/04

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER _____ | | DATE: 12/4/04 |
|--|-----------------------|-------------------|-------------|---------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) S, 59, D | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | |
| | | | | |
| | | | | No excavation |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) _____ _____ | | | | |
| ADDITIONAL NOTES: _____ _____ | | | | |
| SIGNATURE: _____ | | | DATE: _____ | |
| _____ Health & Safety Officer | | | | |

APPENDIX L

SOIL SAMPLE DATA PACKAGES

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S447912
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/03/2004
Sampled By: Client
Sample Received Date: 08/26/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto



Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S447912
Date Received: 08/26/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-1 COMP

Lab Sample ID
S447912*1

Matrix
Solid

Date Sampled
08/23/2004 13:46

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 47912-1 | RR-1 COMP | Solid | 08/26/04 | 08/23/04 13:46 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 47912-1 |

PCB's (8082)

| | | |
|---------------------|----------|------------|
| Aroclor-1016 | ug/kg dw | <160 |
| Aroclor-1221 | ug/kg dw | <320 |
| Aroclor-1232 | ug/kg dw | <160 |
| Aroclor-1242 | ug/kg dw | <160 |
| Aroclor-1248 | ug/kg dw | <160 |
| Aroclor-1254 | ug/kg dw | 1400 |
| Aroclor-1260 | ug/kg dw | 1800 |
| Aroclor 1268 | ug/kg dw | 1700 |
| Surrogate - TCX * | % | 100 % |
| Surrogate - DCB * | % | 3200 %*F36 |
| Percent Solids | | 85 |
| Dilution Factor | | 4 |
| Prep Date | | 08/30/04 |
| Analysis Date | | 09/02/04 |
| Batch ID | | 0830Q |
| Quantitation Factor | | 3.997 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 47912-2 | Method Blank | Solid | 08/26/04 | | |
| 47912-3 | Lab Control Standard % Recovery | Solid | 08/26/04 | | |
| 47912-4 | LCS Accuracy Control Limit (%R) | Solid | 08/26/04 | | |
| 47912-5 | Analyst Initials (First Initial.Last Name) | Solid | 08/26/04 | | |

Lab Sample IDs

| Parameter | Units | 47912-2 | 47912-3 | 47912-4 | 47912-5 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 64 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 85 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 65 % | 59 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 82 % | 82 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 08/30/04 | 08/30/04 | | |
| Analysis Date | | 08/31/04 | 08/31/04 | | |
| Batch ID | | 0830Q | 0830Q | | |
| Quantitation Factor | | 0.9990 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 47912-6 | LCS - 093 Custom | Solid | 08/26/04 | | |
| 47912-7 | True Value - 093 Custom | Solid | 08/26/04 | | |
| 47912-8 | % Recovery - 093 Custom | Solid | 08/26/04 | | |
| 47912-9 | Accuracy Limits - 093 Custom | Solid | 08/26/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|---------|----------|----------|
| | | 47912-6 | 47912-7 | 47912-8 | 47912-9 |
| PCB's (8082) | | | | | |
| Aroclor-1248 | ug/kg dw | 1000 | 1500 | 67 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2600 | 3000 | 87 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2000 | 2000 | 100 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1400 | 1500 | 93 % | 52-137 % |
| Surrogate - TCX * | % | 110 | | 65 % | 30-150 % |
| Surrogate - DCB * | % | 190 | | 112 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 08/30/04 | | 08/30/04 | |
| Analysis Date | | 08/31/04 | | 08/31/04 | |
| Batch ID | | 0830Q | 0830Q | 0830Q | |
| Quantitation Factor | | 10.00 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 47912-10 | Matrix Spike Result (Batch) | Solid | 08/26/04 | | |
| 47912-11 | Matrix Spike % Recovery | Solid | 08/26/04 | | |
| 47912-12 | Matrix Spike Duplicate Result | Solid | 08/26/04 | | |
| 47912-13 | Matrix Spike Duplicate % Recovery | Solid | 08/26/04 | | |
| 47912-14 | MS Accuracy Advisory Limit (%R) | Solid | 08/26/04 | | |

Lab Sample IDs

| Parameter | Units | 47912-10 | 47912-11 | 47912-12 | 47912-13 | 47912-14 |
|-----------|-------|----------|----------|----------|----------|----------|
|-----------|-------|----------|----------|----------|----------|----------|

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | 330 | 87 % | 290 | 76 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 290 | 76 % | 270 | 71 % | 28-153 % |
| Surrogate - TCX * | % | 14 | 74 % | 11 | 58 % | 30-150 % |
| Surrogate - DCB * | % | 27 | 142 % | 25 | 132 % | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 08/30/04 | 08/30/04 | 08/30/04 | 08/30/04 | |
| Analysis Date | | 09/01/04 | 09/01/04 | 09/01/04 | 09/01/04 | |
| Batch ID | | 0830Q | 0830Q | 0830Q | 0830Q | |
| Quantitation Factor | | 0.9993 | | 1.000 | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 47912-15 | Precision (%RPD) MS/MSD | Solid | 08/26/04 | | |
| 47912-16 | MS Precision Advisory Limit (%RPD) | Solid | 08/26/04 | | |

Lab Sample IDs

| Parameter | Units | 47912-15 | 47912-16 |
|-----------|-------|----------|----------|
|-----------|-------|----------|----------|

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 13 % | <50 % |
| Aroclor-1260 | % | 7.1 % | <50 % |
| Batch ID | | 0830Q | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S447912

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

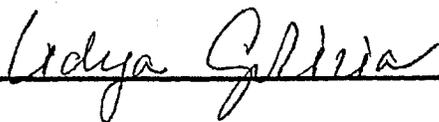
SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448498
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/22/2004
Sampled By: Client
Sample Received Date: 09/11/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto



Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S448498
Date Received: 09/11/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-2 (COMP)

Lab Sample ID
S448498*1

Matrix
Solid

Date Sampled
09/10/2004 12:10



STL

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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 48498-1 | RR-2 (COMP) | Solid | 09/11/04 | 09/10/04 12:10 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 48498-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <37 |
| Aroclor-1221 | ug/kg dw | <74 |
| Aroclor-1232 | ug/kg dw | <37 |
| Aroclor-1242 | ug/kg dw | <37 |
| Aroclor-1248 | ug/kg dw | <37 |
| Aroclor-1254 | ug/kg dw | 130 |
| Aroclor-1260 | ug/kg dw | 270 |
| Aroclor 1268 | ug/kg dw | 320 |
| Surrogate - TCX * | % | 56 % |
| Surrogate - DCB * | % | 722 %*F36 |
| Percent Solids | | 90 |
| Dilution Factor | | 1 |
| Prep Date | | 09/17/04 |
| Analysis Date | | 09/20/04 |
| Batch ID | | 0917N |
| Quantitation Factor | | 1.000 |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 48498-2 | Method Blank | Solid | 09/11/04 | | |
| 48498-3 | Lab Control Standard % Recovery | Solid | 09/11/04 | | |
| 48498-4 | LCS Accuracy Control Limit (%R) | Solid | 09/11/04 | | |
| 48498-5 | Analyst Initials (First Initial.Last Name) | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 48498-2 | 48498-3 | 48498-4 | 48498-5 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 54 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 70 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 76 % | 48 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 88 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 09/17/04 | 09/17/04 | | |
| Analysis Date | | 09/20/04 | 09/20/04 | | |
| Batch ID | | 0917N | 0917N | | |
| Quantitation Factor | | 1.000 | | | |



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STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 48498-6 | LCS - 093 Custom | Solid | 09/11/04 | | |
| 48498-7 | True Value - 093 Custom | Solid | 09/11/04 | | |
| 48498-8 | % Recovery - 093 Custom | Solid | 09/11/04 | | |
| 48498-9 | Accuracy Limits - 093 Custom | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|---------|----------|----------|
| | | 48498-6 | 48498-7 | 48498-8 | 48498-9 |
| PCB's (8082) | | | | | |
| Aroclor-1248 | ug/kg dw | 1500 | 1500 | 100 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2400 | 2900 | 83 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2000 | 2000 | 100 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1400 | 1500 | 93 % | 52-137 % |
| Surrogate - TCX * | % | 100 | 160 | 62 % | 30-150 % |
| Surrogate - DCB * | % | 190 | 160 | 119 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 09/17/04 | | 09/17/04 | |
| Analysis Date | | 09/20/04 | | 09/20/04 | |
| Batch ID | | 0917N | 0917N | 0917N | |
| Quantitation Factor | | 9.804 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 48498-10 | Matrix Spike Result (6303-3K) | Solid | 09/11/04 | | |
| 48498-11 | Matrix Spike % Recovery | Solid | 09/11/04 | | |
| 48498-12 | Matrix Spike Duplicate Result | Solid | 09/11/04 | | |
| 48498-13 | Matrix Spike Duplicate % Recovery | Solid | 09/11/04 | | |
| 48498-14 | MS Accuracy Advisory Limit (%R) | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 48498-10 | 48498-11 | 48498-12 | 48498-13 | 48498-14 |

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | 220 | 54 % | 250 | 61 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 230 | 56 % | 240 | 58 % | 28-153 % |
| Surrogate - TCX * | % | 10 | 50 % | 11 | 55 % | 30-150 % |
| Surrogate - DCB * | % | 29 | 145 % | 28 | 140 % | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 09/17/04 | 09/17/04 | 09/17/04 | 09/17/04 | |
| Analysis Date | | 09/20/04 | 09/20/04 | 09/20/04 | 09/20/04 | |
| Batch ID | | 0917N | 0917N | 0917N | 0917N | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 48498-15 | Precision (%RPD) MS/MSD | Solid | 09/11/04 | | |
| 48498-16 | MS Precision Advisory Limit (%RPD) | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 48498-15 | 48498-16 |
| | | | |

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 0 % | <50 % |
| Aroclor-1260 | % | 4.4 % | <50 % |
| Batch ID | | 0917N | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Order Number: S448498

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

**EVERN
TRENT** **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Alternate Laboratory Name/Location

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Phone:
Fax:

| | | | | | |
|---|---------------|---------------------------------------|--|--|---------------------------|
| EST REFERENCE <i>in Street Ditch</i> | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | PAGE <i>1</i> OF <i>1</i> |
| LAB) PROJECT MANAGER <i>Guliziz</i> | P.O. NUMBER | CONTRACT NO. | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL, SOLVENT...) <i>125 ml amber</i> <i>490</i> | STANDARD REPORT DELIVERY <input checked="" type="checkbox"/> DATE DUE _____ EXPEDITED REPORT DELIVERY (SURCHARGE) <input type="checkbox"/> DATE DUE _____ NUMBER OF COOLERS SUBMITTED PER SHIPMENT: <i>1</i> | PRESERVATIVE |
| NT (SITE) PM <i>Branchfield</i> | CLIENT PHONE | CLIENT FAX | | | |
| NT NAME <i>Solutia</i> | CLIENT E-MAIL | | | | |
| NT ADDRESS | | | | | |

COMPANY CONTRACTING THIS WORK (if applicable)
Genesis Project/Golder

| SAMPLE | | SAMPLE IDENTIFICATION | COMPOSITE (C) OR GRAB (G) INDICATE | AQUEOUS (WATER) | SOLID OR SEMISOLID | AIR | NONAQUEOUS LIQUID (OIL, SOLVENT...) | NUMBER OF CONTAINERS SUBMITTED | | | | | | | | | | REMARKS | | | | | | |
|--------------|-------------|-----------------------|------------------------------------|-----------------|--------------------|-----|-------------------------------------|--------------------------------|---|---|---|---|---|---|---|---|----|---------|----|----|--|-----------------|--|--|
| DATE | TIME | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | | | | |
| <i>10/04</i> | <i>1210</i> | <i>RR-2 (comp)</i> | <i>C</i> | <i>✓</i> | | | <i>1</i> | | | | | | | | | | | | | | | <i>Level II</i> | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

TEMP 4.9

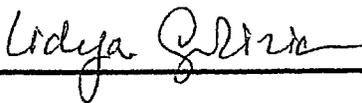
| | | | | | | | | |
|--|------|------|--|------|------|------------------------------|------|------|
| RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | DATE | TIME |
| RECEIVED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME |

| | | | | | | |
|--|------|------|---|------------------|--|--------------------|
| RECEIVED FOR LABORATORY BY (SIGNATURE) <i>[Signature]</i> | DATE | TIME | CUSTODY INTACT YES <input type="checkbox"/> NO <input type="checkbox"/> | CUSTODY SEAL NO. | STL SAVANNAH ALOC NO. <i>448128</i> | LABORATORY REMARKS |
|--|------|------|---|------------------|--|--------------------|

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448972
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/04/2004
Sampled By: Client
Sample Received Date: 09/23/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto



Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: 5448972
Date Received: 09/23/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-3

Lab Sample ID
S448972*1

Matrix
Solid

Date Sampled
09/22/2004 14:20

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 48972-1 | RR-3 | Solid | 09/23/04 | 09/22/04 14:20 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 48972-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <38 |
| Aroclor-1221 | ug/kg dw | <78 |
| Aroclor-1232 | ug/kg dw | <38 |
| Aroclor-1242 | ug/kg dw | <38 |
| Aroclor-1248 | ug/kg dw | 120P J |
| Aroclor-1254 | ug/kg dw | 230 |
| Aroclor-1260 | ug/kg dw | 300 |
| Aroclor 1268 | ug/kg dw | 210 |
| Surrogate - TCX * | % | 53 % |
| Surrogate - DCB * | % | 305 %*F36 |
| Percent Solids | | 86 |
| Dilution Factor | | 1 |
| Prep Date | | 09/24/04 |
| Analysis Date | | 09/29/04 |
| Batch ID | | 0924N |
| Quantitation Factor | | 1.000 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 48972-2 | Method Blank | Solid | 09/23/04 | | |
| 48972-3 | Lab Control Standard % Recovery | Solid | 09/23/04 | | |
| 48972-4 | LCS Accuracy Control Limit (%R) | Solid | 09/23/04 | | |
| 48972-5 | Analyst Initials (First Initial.Last Name) | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 48972-2 | 48972-3 | 48972-4 | 48972-5 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 76 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 73 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 82 % | 70 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 76 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 09/24/04 | 09/24/04 | | |
| Analysis Date | | 09/29/04 | 09/29/04 | | |
| Batch ID | | 0924N | 0924N | | |
| Quantitation Factor | | 1.000 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 48972-6 | LCS - 093 Custom | Solid | 09/23/04 | | |
| 48972-7 | True Value - 093 Custom | Solid | 09/23/04 | | |
| 48972-8 | % Recovery - 093 Custom | Solid | 09/23/04 | | |
| 48972-9 | Accuracy Limits - 093 Custom | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 48972-6 | 48972-7 | 48972-8 | 48972-9 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 1300 | 1500 | 87 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2700 | 3000 | 90 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2200 | 2000 | 110 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1400 | 1500 | 93 % | 52-137 % |
| Surrogate - TCX * | % | 110 | 160 | 65 % | 30-150 % |
| Surrogate - DCB * | % | 190 | 160 | 112 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 09/24/04 | | 09/24/04 | |
| Analysis Date | | 09/29/04 | | 09/29/04 | |
| Batch ID | | 0924N | 0924N | 0924N | |
| Quantitation Factor | | 10.00 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 48972-10 | Matrix Spike Result (Batch) | Solid | 09/23/04 | | |
| 48972-11 | Matrix Spike % Recovery | Solid | 09/23/04 | | |
| 48972-12 | Matrix Spike Duplicate Result | Solid | 09/23/04 | | |
| 48972-13 | Matrix Spike Duplicate % Recovery | Solid | 09/23/04 | | |
| 48972-14 | MS Accuracy Advisory Limit (%R) | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 48972-10 | 48972-11 | 48972-12 | 48972-13 | 48972-14 |

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|-----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | 250 | 62 % | 190 | 48 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 250 | 62 % | 170 | 42 % | 28-153 % |
| Surrogate - TCX * | % | 10 | 50 % | 7.4 | 37 % | 30-150 % |
| Surrogate - DCB * | % | 31 | 155 %*F36 | 24 | 120 % | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 09/24/04 | 09/24/04 | 09/24/04 | 09/24/04 | |
| Analysis Date | | 09/29/04 | 09/29/04 | 09/29/04 | 09/29/04 | |
| Batch ID | | 0924N | 0924N | 0924N | 0924N | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 48972-15 | Precision (%RPD) MS/MSD | Solid | 09/23/04 | | |
| 48972-16 | MS Precision Advisory Limit (%RPD) | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 48972-15 | 48972-16 |

| | | | |
|--------------|---|-------|-------|
| PCB's (8082) | | | |
| Aroclor-1016 | % | 27 % | <50 % |
| Aroclor-1260 | % | 38 % | <50 % |
| Batch ID | | 0924N | |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S448972

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S449934
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/28/2004
Sampled By: Client
Sample Received Date: 10/15/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

Sample Summary

Order: S449934
Date Received: 10/15/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-4

Lab Sample ID
S449934*1

Matrix
Solid

Date Sampled
10/07/2004 15:32

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 49934-1 | RR-4 | Solid | 10/15/04 | 10/07/04 15:32 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 49934-1 |

PCB's (8082)

| | | |
|---------------------|----------|----------|
| Aroclor-1016 | ug/kg dw | <410 |
| Aroclor-1221 | ug/kg dw | <840 |
| Aroclor-1232 | ug/kg dw | <410 |
| Aroclor-1242 | ug/kg dw | <410 |
| Aroclor-1248 | ug/kg dw | 490P J |
| Aroclor-1254 | ug/kg dw | 3400 |
| Aroclor-1260 | ug/kg dw | 2800 |
| Aroclor 1268 | ug/kg dw | 2200 |
| Surrogate - TCX * | % | *F33 |
| Surrogate - DCB * | % | *F33 |
| Percent Solids | | 80 |
| Dilution Factor | | 10 |
| Prep Date | | 10/19/04 |
| Analysis Date | | 10/20/04 |
| Batch ID | | 1019T |
| Quantitation Factor | | 10.00 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 49934-2 | Method Blank | Solid | 10/15/04 | | |
| 49934-3 | Lab Control Standard % Recovery | Solid | 10/15/04 | | |
| 49934-4 | LCS Accuracy Control Limit (%R) | Solid | 10/15/04 | | |
| 49934-5 | Analyst Initials (First Initial.Last Name) | Solid | 10/15/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|----------|----------|----------|
| | | 49934-2 | 49934-3 | 49934-4 | 49934-5 |
| PCB's (8082) | | | | | |
| Aroclor-1016 | ug/kg dw | <33 | 91 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 100 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 82 % | 70 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 94 % | 129 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 10/19/04 | 10/19/04 | | |
| Analysis Date | | 10/20/04 | 10/20/04 | | |
| Batch ID | | 1019T | 1019T | | |
| Quantitation Factor | | 1.000 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDC# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 49934-6 | LCS - 093 Custom | Solid | 10/15/04 | | |
| 49934-7 | True Value - 093 Custom | Solid | 10/15/04 | | |
| 49934-8 | % Recovery - 093 Custom | Solid | 10/15/04 | | |
| 49934-9 | Accuracy Limits - 093 Custom | Solid | 10/15/04 | | |

Lab Sample IDs

| Parameter | Units | 49934-6 | 49934-7 | 49934-8 | 49934-9 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|-----------|----------|
| Aroclor-1248 | ug/kg dw | 1200 | 1500 | 80 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 3100 | 3000 | 103 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2900 | 2000 | 145 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1300 | 1500 | 87 % | 52-137 % |
| Surrogate - TCX * | % | 120 | 160 | 70 % | 30-150 % |
| Surrogate - DCB * | % | 300 | 160 | 176 %*F36 | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 10/19/04 | | 10/19/04 | |
| Analysis Date | | 10/20/04 | | 10/20/04 | |
| Batch ID | | 1019T | 1019T | 1019T | |
| Quantitation Factor | | 9.967 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|---|--------|---------------|--------------|------|
| 49934-10 | Matrix Spike Result (2823-3B-7 Log#S449962) | Solid | 10/15/04 | | |
| 49934-11 | Matrix Spike % Recovery | Solid | 10/15/04 | | |
| 49934-12 | Matrix Spike Duplicate Result | Solid | 10/15/04 | | |
| 49934-13 | Matrix Spike Duplicate % Recovery | Solid | 10/15/04 | | |
| 49934-14 | MS Accuracy Advisory Limit (%R) | Solid | 10/15/04 | | |

Lab Sample IDs

| Parameter | Units | 49934-10 | 49934-11 | 49934-12 | 49934-13 | 49934-14 |
|-----------|-------|----------|----------|----------|----------|----------|
|-----------|-------|----------|----------|----------|----------|----------|

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|-----------|----------|-----------|----------|
| Aroclor-1016 | ug/kg dw | 260 | 68 % | 240 | 63 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 450 | 79 % | 420 | 71 % | 28-153 % |
| Surrogate - TCX * | % | 12 | 63 % | 11 | 58 % | 30-150 % |
| Surrogate - DCB * | % | 180 | 947 %*F36 | 180 | 947 %*F36 | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 10/19/04 | 10/19/04 | 10/19/04 | 10/19/04 | |
| Analysis Date | | 10/20/04 | 10/20/04 | 10/20/04 | 10/20/04 | |
| Batch ID | | 1019T | 1019T | 1019T | 1019T | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 49934-15 | Precision (%RPD) MS/MSD | Solid | 10/15/04 | | |
| 49934-16 | MS Precision Advisory Limit (%RPD) | Solid | 10/15/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 49934-15 | 49934-16 |

| PCB's (8082) | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 8.0 % | <50 % |
| Aroclor-1260 | % | 6.9 % | <50 % |
| Batch ID | | 1019T | |

Order Number: S449934

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.



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Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hende1/G.Macolly

Order Number: S450501
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 11/16/2004
Sampled By: Client
Sample Received Date: 10/29/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



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Sample Summary

Order: S450501
Date Received: 10/29/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-5

Lab Sample ID
S450501*1

Matrix
Solid

Date Sampled
10/27/2004 13:36

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 50501-1 | RR-5 | Solid | 10/29/04 | 10/27/04 13:36 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 50501-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <160 |
| Aroclor-1221 | ug/kg dw | <320 |
| Aroclor-1232 | ug/kg dw | <160 |
| Aroclor-1242 | ug/kg dw | <160 |
| Aroclor-1248 | ug/kg dw | 740 |
| Aroclor-1254 | ug/kg dw | 2700 |
| Aroclor-1260 | ug/kg dw | 1600 |
| Aroclor 1268 | ug/kg dw | 820 |
| Surrogate - TCX * | % | 55 % |
| Surrogate - DCB * | % | 800 %*F36 |
| Percent Solids | | 84 |
| Dilution Factor | | 4 |
| Prep Date | | 11/09/04 |
| Analysis Date | | 11/11/04 |
| Batch ID | | 11090 |
| Quantitation Factor | | 4.000 |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 50501-2 | Method Blank | Solid | 10/29/04 | | |
| 50501-3 | Lab Control Standard % Recovery | Solid | 10/29/04 | | |
| 50501-4 | LCS Accuracy Control Limit (%R) | Solid | 10/29/04 | | |
| 50501-5 | Analyst Initials (First Initial.Last Name) | Solid | 10/29/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|----------|----------|----------|
| | | 50501-2 | 50501-3 | 50501-4 | 50501-5 |
| PCB's (8082) | | | | | |
| Aroclor-1016 | ug/kg dw | <33 | 61 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 73 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 48 % | 52 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 82 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 11/09/04 | 11/09/04 | | |
| Analysis Date | | 11/11/04 | 11/11/04 | | |
| Batch ID | | 11090 | 11090 | | |
| Quantitation Factor | | 1.000 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 50501-6 | LCS - 093 Custom | Solid | 10/29/04 | | |
| 50501-7 | True Value - 093 Custom | Solid | 10/29/04 | | |
| 50501-8 | % Recovery - 093 Custom | Solid | 10/29/04 | | |
| 50501-9 | Accuracy Limits - 093 Custom | Solid | 10/29/04 | | |

Lab Sample IDs

| Parameter | Units | 50501-6 | 50501-7 | 50501-8 | 50501-9 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 1200 | 1500 | 80 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2500 | 3000 | 83 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 1800 | 2000 | 90 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1300 | 1500 | 87 % | 52-137 % |
| Surrogate - TCX * | % | 82 | 170 | 48 % | 30-150 % |
| Surrogate - DCB * | % | 160 | 170 | 94 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 11/09/04 | | 11/09/04 | |
| Analysis Date | | 11/11/04 | | 11/11/04 | |
| Batch ID | | 11090 | 11090 | 11090 | |
| Quantitation Factor | | 10.00 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 50501-10 | Matrix Spike Result (Batch) | Solid | 10/29/04 | | |
| 50501-11 | Matrix Spike % Recovery | Solid | 10/29/04 | | |
| 50501-12 | Matrix Spike Duplicate Result | Solid | 10/29/04 | | |
| 50501-13 | Matrix Spike Duplicate % Recovery | Solid | 10/29/04 | | |
| 50501-14 | MS Accuracy Advisory Limit (%R) | Solid | 10/29/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 50501-10 | 50501-11 | 50501-12 | 50501-13 | 50501-14 |

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|-----------|----------|-----------|----------|
| Aroclor-1016 | ug/kg dw | 420 | 105 % | 460 | 115 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 1600 | 0 %*F61 | 1800 | 50 % | 28-153 % |
| Surrogate - TCX * | % | 9.8 | 49 % | 11 | 55 % | 30-150 % |
| Surrogate - DCB * | % | 140 | 700 %*F36 | 130 | 650 %*F36 | 30-150 % |
| Dilution Factor | | 4 | 4 | 4 | 4 | |
| Prep Date | | 11/09/04 | 11/09/04 | 11/09/04 | 11/09/04 | |
| Analysis Date | | 11/11/04 | 11/11/04 | 11/11/04 | 11/11/04 | |
| Batch ID | | 11090 | 11090 | 11090 | 11090 | |
| Quantitation Factor | | 4.000 | | 4.000 | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 50501-15 | Precision (%RPD) MS/MSD | Solid | 10/29/04 | | |
| 50501-16 | MS Precision Advisory Limit (%RPD) | Solid | 10/29/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 50501-15 | 50501-16 |

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 9.1 % | <50 % |
| Aroclor-1260 | % | 12 % | <50 % |
| Batch ID | | 11090 | |



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Order Number: S450501

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F61 = The recoveries of the matrix spikes are outside advisory limits due to the abundance of the target analyte in the sample.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN
TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

| | | | | | | | | | | | |
|--|---------------|---------------------------------------|---|-----------------------|--------------|--|--|--|---|---------------------------------------|----------------|
| PROJECT REFERENCE <i>11th Street Ditch</i> | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | | PAGE <i>1</i> | OF <i>1</i> |
| STL (LAB) PROJECT MANAGER <i>L. Guizzia</i> | P.O. NUMBER | CONTRACT NO. | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL, SOLVENT, ...) <i>40c</i> | PEB 8082 125ml/amb | PRESERVATIVE | | | | | STANDARD REPORT DELIVERY | |
| CLIENT (SITE) PM <i>C. Branchfield</i> | CLIENT PHONE | CLIENT FAX | | | | | | | | DATE DUE <i>11/12/04</i> | |
| CLIENT NAME <i>Solution</i> | CLIENT E-MAIL | | | | | | | | | EXPEDITED REPORT DELIVERY (SURCHARGE) | |
| CLIENT ADDRESS | | | | | | | | | | DATE DUE | |
| COMPANY CONTRACTING THIS WORK (if applicable) <i>Genesis Project/Golder</i> | | | | | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: <i>1</i> | | |

| SAMPLE | | SAMPLE IDENTIFICATION | COMPOSITE (C) OR GRAB (G) INDICATE | AQUEOUS (WATER) | SOLID OR SEMISOLID | AIR | NONAQUEOUS LIQUID (OIL, SOLVENT, ...) | NUMBER OF CONTAINERS SUBMITTED | | | | | | REMARKS |
|-----------------|-------------|-----------------------|------------------------------------|-----------------|--------------------|-----|---------------------------------------|--------------------------------|--|--|--|--|--|---------|
| DATE | TIME | | | | | | | | | | | | | |
| <i>10/27/04</i> | <i>1336</i> | <i>RR-5</i> | <i>C</i> | <i>X</i> | | | <i>1</i> | | | | | | | |
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TEMP. *4.0*

| | | | | | | | | |
|--|------|------|--|-------------------------|---------------------|------------------------------|------|------|
| RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>10/28/04</i> | TIME <i>1700</i> | RELINQUISHED BY: (SIGNATURE) | DATE | TIME |
| RECEIVED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME |

| | | | | | | |
|---|-------------------------|---------------------|---|------------------|--|--|
| RECEIVED FOR LABORATORY BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>10/29/04</i> | TIME <i>1100</i> | CUSTODY INTACT YES <input type="radio"/> NO <input type="radio"/> | GUSTODY SEAL NO. | STL SAVANNAH LOG NO. <i>5450470</i> | LABORATORY REMARKS <i>5450482 5450501</i> |
|---|-------------------------|---------------------|---|------------------|--|--|

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5400501

Number of Coolers Received: 1

Received By: MT

Date: 10/29/04

Project Manager: _____

Client: Solutia

Courier: / Fed EX ___ UPS ___ Client ___ Other

Cooler Temperature(s) Upon Receipt: 4.0

| | YES | NO* |
|--|-----|-----|
| Is cooler temperature $\leq 6^{\circ}\text{C}$, with no frozen samples? NOTE: If $>6^{\circ}\text{C}$ and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s). | ✓ | |
| Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list: | | |
| Are custody seals intact, if used? If no seals are used, then write NA in space provided: | NA | |
| Did samples arrive in good condition with no breakage? | ✓ | |
| Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list: | | |
| Is there a COC? | ✓ | |
| Circle One: Is the COC an STL COC or a client COC? | | |
| Is the COC filled out completely? | ✓ | |
| Is the COC filled out in ink and signed? | ✓ | |
| Are all sample containers labeled? | ✓ | |
| Are all sample labels legible? | ✓ | |
| Are all samples listed on COC included in cooler? | ✓ | |
| Are all samples included in cooler listed on COC? | ✓ | |
| Do sample IDs on containers match sample IDs on COC? | ✓ | |
| Do containers contain sufficient volumes? | | |

*All boxes checked 'NO' require PM notification and completion of next 2 sections.

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary):

PM STAFF:

Client Contacted: ___ YES ___ NO
Contact: _____ Date: _____
Resolution: _____

PM Signature: _____



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Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S451204
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/02/2004
Sampled By: Client
Sample Received Date: 11/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



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Sample Summary

Order: S451204
Date Received: 11/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-6

Lab Sample ID
S451204*1

Matrix
Solid

Date Sampled
11/16/2004 10:09



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 51204-1 | RR-6 | Solid | 11/17/04 | 11/16/04 10:09 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 51204-1 |

PCB's (8082)

| | | |
|---------------------|----------|----------|
| Aroclor-1016 | ug/kg dw | <1800 |
| Aroclor-1221 | ug/kg dw | <3600 |
| Aroclor-1232 | ug/kg dw | <1800 |
| Aroclor-1242 | ug/kg dw | <1800 |
| Aroclor-1248 | ug/kg dw | 29000 |
| Aroclor-1254 | ug/kg dw | 34000 |
| Aroclor-1260 | ug/kg dw | 20000 |
| Aroclor 1268 | ug/kg dw | 6000 |
| Surrogate - TCX * | % | *F33 |
| Surrogate - DCB * | % | *F33 |
| Percent Solids | | 75 |
| Dilution Factor | | 40 |
| Prep Date | | 11/23/04 |
| Analysis Date | | 11/25/04 |
| Batch ID | | 1123R |
| Quantitation Factor | | 40.00 |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 51204-2 | Method Blank | Solid | 11/17/04 | | |
| 51204-3 | Lab Control Standard % Recovery | Solid | 11/17/04 | | |
| 51204-4 | LCS Accuracy Control Limit (%R) | Solid | 11/17/04 | | |
| 51204-5 | Analyst Initials (First Initial.Last Name) | Solid | 11/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 51204-2 | 51204-3 | 51204-4 | 51204-5 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 54 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 76 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 65 % | 40 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 76 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 11/23/04 | 11/23/04 | | |
| Analysis Date | | 11/25/04 | 11/25/04 | | |
| Batch ID | | 1123R | 1123R | | |
| Quantitation Factor | | 1.000 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 51204-6 | LCS - 093 Custom | Solid | 11/17/04 | | |
| 51204-7 | True Value - 093 Custom | Solid | 11/17/04 | | |
| 51204-8 | % Recovery - 093 Custom | Solid | 11/17/04 | | |
| 51204-9 | Accuracy Limits - 093 Custom | Solid | 11/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 51204-6 | 51204-7 | 51204-8 | 51204-9 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 800 | 1500 | 53 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2100 | 2900 | 72 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 1600 | 1900 | 84 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 890 | 1500 | 59 % | 52-137 % |
| Surrogate - TCX * | % | 67 | 170 | 42 % | 30-150 % |
| Surrogate - DCB * | % | 150 | 170 | 94 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 11/23/04 | | 11/23/04 | |
| Analysis Date | | 11/25/04 | | 11/25/04 | |
| Batch ID | | 1123R | 1123R | 1123R | |
| Quantitation Factor | | 9.740 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 51204-10 | Matrix Spike Result (Batch) | Solid | 11/17/04 | | |
| 51204-11 | Matrix Spike % Recovery | Solid | 11/17/04 | | |
| 51204-12 | Matrix Spike Duplicate Result | Solid | 11/17/04 | | |
| 51204-13 | Matrix Spike Duplicate % Recovery | Solid | 11/17/04 | | |
| 51204-14 | MS Accuracy Advisory Limit (%R) | Solid | 11/17/04 | | |

Lab Sample IDs

| Parameter | Units | 51204-10 | 51204-11 | 51204-12 | 51204-13 | 51204-14 |
|-----------|-------|----------|----------|----------|----------|----------|
|-----------|-------|----------|----------|----------|----------|----------|

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|------------|----------|------------|----------|
| Aroclor-1016 | ug/kg dw | 190 | 46 % | 210 | 51 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 370 | 90 % | 360 | 88 % | 28-153 % |
| Surrogate - TCX * | % | 9.3 | 46 % | 8.8 | 44 % | 30-150 % |
| Surrogate - DCB * | % | 220 | 1100 %*F36 | 200 | 1000 %*F36 | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 11/23/04 | 11/23/04 | 11/23/04 | 11/23/04 | |
| Analysis Date | | 11/25/04 | 11/25/04 | 11/25/04 | 11/25/04 | |
| Batch ID | | 1123R | 1123R | 1123R | 1123R | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 51204-15 | Precision (%RPD) MS/MSD | Solid | 11/17/04 | | |
| 51204-16 | MS Precision Advisory Limit (%RPD) | Solid | 11/17/04 | | |

Lab Sample IDs

| Parameter | Units | 51204-15 | 51204-16 |
|-----------|-------|----------|----------|
|-----------|-------|----------|----------|

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 10 % | <50 % |
| Aroclor-1260 | % | 2.7 % | <50 % |
| Batch ID | | 1123R | |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S451204

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.



STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: S451204

Number of Coolers Received: 1

Received By: X.M

Date: 6/17/04
Client: C. Branchford

Project Manager: _____

Courier: Fed EX UPS Client Other

Cooler Temperature(s) Upon Receipt: _____

| | YES | NO* |
|--|-------------------------------------|--------------------------|
| Is cooler temperature $\leq 6^{\circ}\text{C}$, with no frozen samples? NOTE: If $>6^{\circ}\text{C}$ and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Did the samples arrive on <u>wet ice</u> , blue ice, no ice, or other? If other, then list: | | |
| Are custody seals intact, if used? If no seals are used, then write NA in space provided: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did samples arrive in good condition with no breakage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Type of packing used is: vermiculite, <u>bubble wrap</u> or other. If other, then list: | | |
| Is there a COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Is the COC an <u>STL Savannah COC</u> or a client COC? | | |
| Is the COC filled out completely? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is the COC filled out in ink and signed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample containers labeled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples listed on COC included in cooler? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples included in cooler listed on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do sample IDs on containers match sample IDs on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do containers contain sufficient volumes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

* All boxes checked 'NO' require PM notification and completion of next 2 sections.

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary): NA

PM STAFF:

Client Contacted: YES NO

Contact: _____ Date: _____

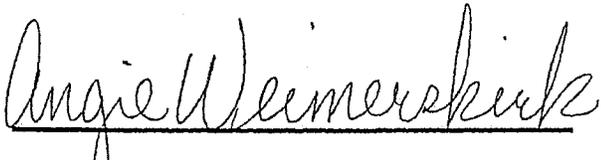
Resolution: _____

PM Signature: [Signature]

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S452339
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/22/2004
Sampled By: Client
Sample Received Date: 12/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto


for Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S452339
Date Received: 12/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-7 (COMP)

Lab Sample ID
S452339*1

Matrix
Solid

Date Sampled
12/16/2004 15:10



STL

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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 52339-1 | RR-7 (COMP) | Solid | 12/17/04 | 12/16/04 15:10 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 52339-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <39 |
| Aroclor-1221 | ug/kg dw | <80 |
| Aroclor-1232 | ug/kg dw | <39 |
| Aroclor-1242 | ug/kg dw | <39 |
| Aroclor-1248 | ug/kg dw | <39 |
| Aroclor-1254 | ug/kg dw | 150 |
| Aroclor-1260 | ug/kg dw | 280 |
| Aroclor 1268 | ug/kg dw | 320 |
| Surrogate - TCX * | % | 100 % |
| Surrogate - DCB * | % | 800 %*F36 |
| Percent Solids | | 84 |
| Dilution Factor | | 1 |
| Prep Date | | 12/20/04 |
| Analysis Date | | 12/21/04 |
| Batch ID | | 1220Q |
| Quantitation Factor | | 1.000 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 52339-2 | Method Blank | Solid | 12/17/04 | | |
| 52339-3 | Lab Control Standard % Recovery | Solid | 12/17/04 | | |
| 52339-4 | LCS Accuracy Control Limit (%R) | Solid | 12/17/04 | | |
| 52339-5 | Analyst Initials (First Initial.Last Name) | Solid | 12/17/04 | | |

Lab Sample IDs

| Parameter | Units | 52339-2 | 52339-3 | 52339-4 | 52339-5 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 67 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 82 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 76 % | 65 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 82 % | 76 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 12/20/04 | 12/20/04 | | |
| Analysis Date | | 12/21/04 | 12/21/04 | | |
| Batch ID | | 1220Q | 1220Q | | |
| Quantitation Factor | | 1.000 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 52339-6 | LCS - 093 Custom | Solid | 12/17/04 | | |
| 52339-7 | True Value - 093 Custom | Solid | 12/17/04 | | |
| 52339-8 | % Recovery - 093 Custom | Solid | 12/17/04 | | |
| 52339-9 | Accuracy Limits - 093 Custom | Solid | 12/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 52339-6 | 52339-7 | 52339-8 | 52339-9 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 740 | 1500 | 49 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 1900 | 3000 | 63 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 1800 | 2000 | 90 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 960 | 1500 | 64 % | 52-137 % |
| Surrogate - TCX * | % | 110 | 170 | 69 % | 30-150 % |
| Surrogate - DCB * | % | 170 | 170 | 106 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 12/20/04 | | 12/20/04 | |
| Analysis Date | | 12/21/04 | | 12/21/04 | |
| Batch ID | | 1220Q | 1220Q | 1220Q | |
| Quantitation Factor | | 9.901 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 52339-10 | Matrix Spike Result (Batch) | Solid | 12/17/04 | | |
| 52339-11 | Matrix Spike % Recovery | Solid | 12/17/04 | | |
| 52339-12 | Matrix Spike Duplicate Result | Solid | 12/17/04 | | |
| 52339-13 | Matrix Spike Duplicate % Recovery | Solid | 12/17/04 | | |
| 52339-14 | MS Accuracy Advisory Limit (%R) | Solid | 12/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 52339-10 | 52339-11 | 52339-12 | 52339-13 | 52339-14 |

PCB's (8082)

| | | | | | | |
|---------------------|---|------|------|------|------|------|
| Aroclor-1016 | * | *F62 | *F62 | *F62 | *F62 | *F62 |
| Dilution Factor | | * | * | * | * | |
| Prep Date | | * | * | * | * | |
| Analysis Date | | * | * | * | * | |
| Batch ID | | * | * | * | * | |
| Quantitation Factor | | * | | * | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 52339-15 | Precision (%RPD) MS/MSD | Solid | 12/17/04 | | |
| 52339-16 | MS Precision Advisory Limit (%RPD) | Solid | 12/17/04 | | |

| Parameter | Units | Lab Sample IDs | |
|--------------|-------|----------------|----------|
| | | 52339-15 | 52339-16 |
| PCB's (8082) | | | |
| Aroclor-1016 | % | *F62 | *F62 |
| Batch ID | | * | |



STL

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Order Number: S452339

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F62 = Matrix spikes were not recovered due to sample dilution required prior to analysis.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

**SEVERN
TRENT** **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

| | | | | | | | | | | | | | | | | | | | |
|--|---------------------|---|---------------------------------------|--|--------------------------------|----------|----------|--|--|--|--|--|--|--|------------------|--|----------------|--|--|
| PROJECT REFERENCE <i>11th St Ditch</i> | | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | | | | | | PAGE <i>1</i> | OF <i>1</i> | | | |
| STL (LAB) PROJECT MANAGER <i>L. G. Lutzia</i> | | P.O. NUMBER | CONTRACT NO. | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL SOLVENT...) <i>402</i> | PRESERVATIVE | | | | | | | | | | | STANDARD REPORT DELIVERY <input type="radio"/> | DATE DUE _____ | | |
| CLIENT (SITE) PM <i>L. Blanchfield</i> | | CLIENT PHONE | CLIENT FAX | | | | | | | | | | | | | EXPEDITED REPORT DELIVERY (SURCHARGE) <input type="radio"/> | DATE DUE _____ | | |
| CLIENT NAME <i>Solutia</i> | | CLIENT E-MAIL | | | | | | | | | | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: | | | |
| CLIENT ADDRESS | | COMPANY CONTRACTING THIS WORK (if applicable) <i>Genesis Project</i> | | | | | | | | | | | | | | REMARKS | | | |
| SAMPLE | | SAMPLE IDENTIFICATION | | | NUMBER OF CONTAINERS SUBMITTED | | | | | | | | | | | | | | |
| DATE <i>12/16/04</i> | TIME <i>1510</i> | <i>RR-7 (wmp)</i> | | | <i>C</i> | <i>✓</i> | <i>1</i> | | | | | | | | | | | | |

TEMP. *1.0*

| | | | | | | | | |
|--|-------------------------|---------------------|--|-------------------------|---------------------|------------------------------|------|------|
| RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>12/16/04</i> | TIME <i>1645</i> | RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>12/16/04</i> | TIME <i>1645</i> | RELINQUISHED BY: (SIGNATURE) | DATE | TIME |
| RECEIVED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME |

| | | | | | | | |
|--|-------------------------|---------------------|---|------------------|--|--------------------|--|
| LABORATORY USE ONLY | | | | | | | |
| RECEIVED FOR LABORATORY BY (SIGNATURE) <i>[Signature]</i> | DATE <i>12/17/04</i> | TIME <i>0901</i> | CUSTODY INTACT YES <input type="radio"/> NO <input type="radio"/> | CUSTODY SEAL NO. | STL SAVANNAH LOG NO. <i>8452339</i> | LABORATORY REMARKS | |



STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5452339, 2340

Number of Coolers Received: 1

Received By: MT

Date: 12/17/04

Project Manager: _____

Client: Solutia

Courier: Fed EX UPS

Client Other

Cooler Temperature(s) Upon Receipt: 1.0

| | YES | NO* |
|---|-------------------------------------|-------------------------------------|
| Is cooler temperature <6°C, with no frozen samples? <small>NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are custody seals intact, if used? If no seals are used, then write NA in space provided: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did samples arrive in good condition with no breakage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there a COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Is the COC an STL Savannah COC or a client COC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is the COC filled out completely? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is the COC filled out in ink and signed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample containers labeled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples listed on COC included in cooler? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples included in cooler listed on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do sample IDs on containers match sample IDs on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do containers contain sufficient volumes? | <input type="checkbox"/> | <input type="checkbox"/> |

* All boxes checked "NO" require PM notification and completion of next 2 sections.

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary): _____

PM STAFF:

Client Contacted: YES NO

Contact: _____ Date: _____

Resolution: _____

PM Signature: _____

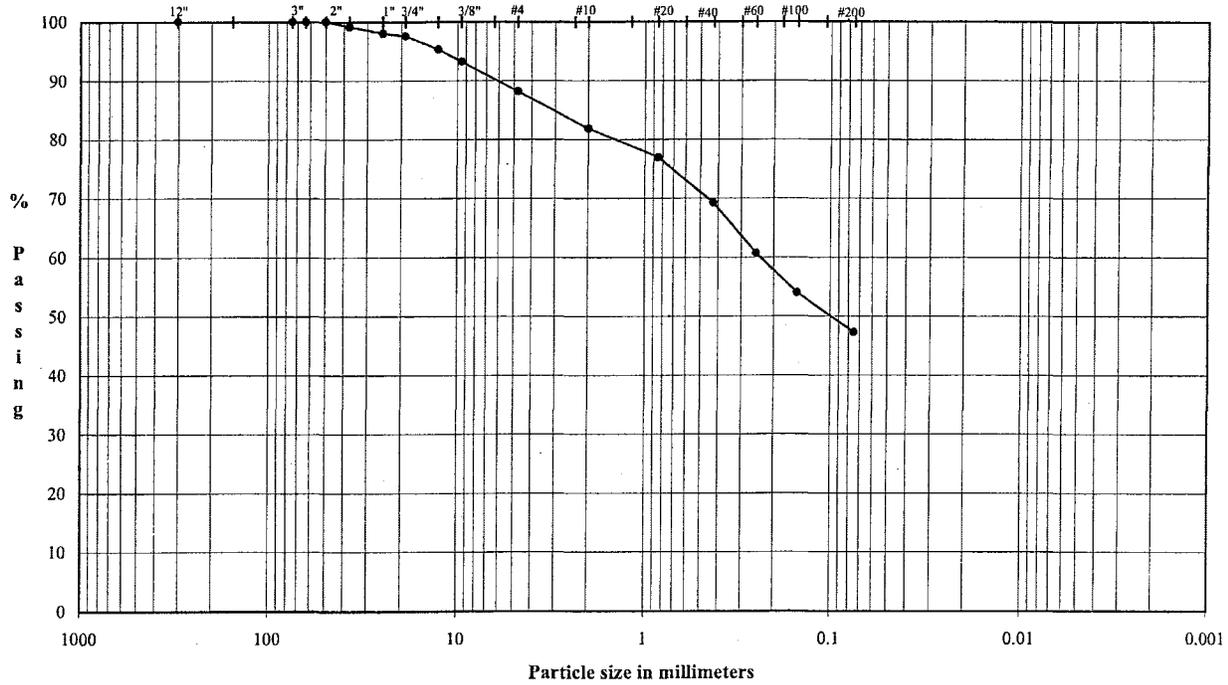
APPENDIX M

IMPORTED COMMON FILL DOCUMENTATION

PARTICLE SIZE DISTRIBUTION & ATTERBERG LIMITS

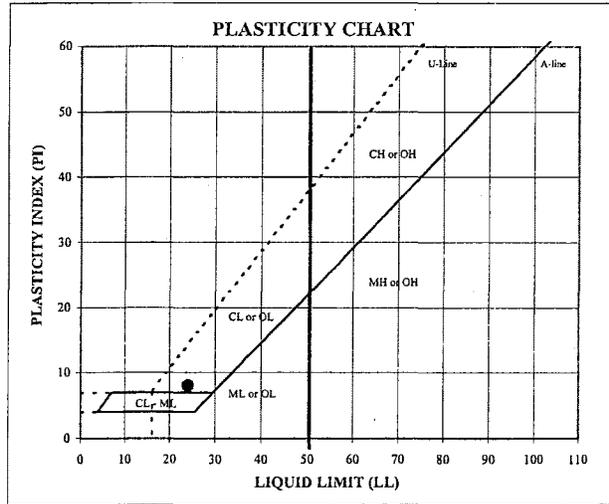
ASTM D421, D422, D4318

PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
 SAMPLE ID: MH-SP-1 Depth: -
 TYPE: Bulk



| | | | | | | |
|---------|--------|------|--------|--------|------|--------------|
| COBBLES | Coarse | Fine | Coarse | Medium | Fine | Silt or Clay |
| | GRAVEL | | SAND | | | FINES |

| U.S. Standard Sieves Sizes and Numbers | Particle Size | Particle Size | Classification | Percentage |
|--|---------------|---------------|----------------|---------------|
| | (mm) | % Passing | | |
| | 12.0" | 304.8 | 100.0 | |
| | 3.0" | 75.0 | 100.0 | Cobbles |
| | 2.5" | 63.5 | 100.0 | |
| | 2.0" | 50.0 | 100.0 | |
| | 1.5" | 37.5 | 99.1 | |
| | 1.0" | 25.0 | 98.0 | |
| | 0.75" | 19.0 | 97.5 | Coarse Gravel |
| | 0.50" | 12.7 | 95.3 | |
| | 0.375" | 9.5 | 93.2 | |
| | #4 | 4.8 | 88.2 | Fine Gravel |
| | #10 | 2.0 | 81.8 | Coarse Sand |
| | #20 | 0.85 | 76.9 | |
| | #40 | 0.43 | 69.2 | Medium Sand |
| | #60 | 0.25 | 60.7 | |
| | #100 | 0.15 | 54.0 | |
| | #200 | 0.075 | 47.3 | Fine Sand |
| | | | | Fines |
| | | | | 47.30 |



ATTERBERG LIMITS
 Method -B (Dry preparation)

| | | | | |
|----------------|----|----|----|-------|
| M _L | LL | PL | PI | LI |
| 15.4 | 24 | 16 | 8 | -0.02 |

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.
 USCS: SC

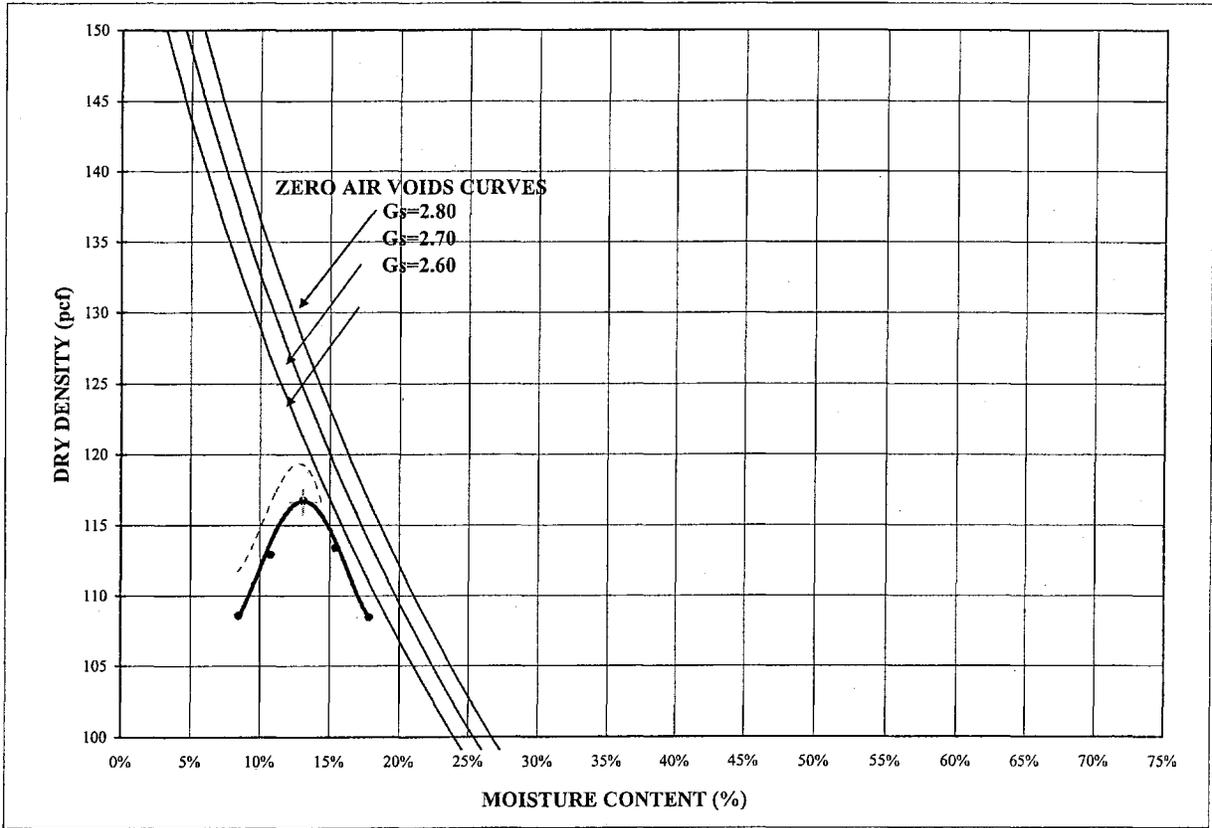
LL (oven-dried)
 <0.75 - ORGANIC (OL/OH)

TECH: PWM/TJ/JH
 DATE: 02/04/02
 CHECK:
 REVIEW:

MOISTURE / DRY DENSITY CURVE ASTM D 698 Method A

| | | |
|------------|----------|------------|
| Mechanical | Standard | Wet Method |
|------------|----------|------------|

PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
 PROJECT NUMBER: 043-3746
 SAMPLE ID: MH-SP-1 - DEPTH: - SAMPLE TYPE: Bulk



| COMPACTION POINTS | | |
|-------------------|-------------------|----------------------|
| Specimen Number | Dry Density (pcf) | Moisture Content (%) |
| 1 | 108.6 | 8.5% |
| 2 | 112.8 | 10.8% |
| 3 | 116.7 | 13.1% |
| 4 | 113.4 | 15.4% |
| 5 | 108.4 | 17.8% |

| | |
|-------------------------------------|-------|
| Maximum Dry Density (pcf) | 116.6 |
| Optimum Moisture (%) | 13.1 |
| Corrected Maximum Dry Density (pcf) | 119.2 |
| Corrected Optimum Moisture (%) | 12.5 |

As-Received Moisture Content 15.4%

| | |
|--------------------------|-------|
| % Retained on # 4 sieve | 11.0% |
| % Retained on 3/8" sieve | |
| % Retained on 3/4" sieve | |

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.

USCS: SC

CHECK:
 REVIEW:



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S445945A
SDG Number:
Client Project ID:
Project: Anniston PCB/Residential Borrow Source
Report Date: 07/20/2004
Sampled By: Client
Sample Received Date: 07/02/2004
Requisition Number:
Purchase Order: 4508648709 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Sample Summary

Order: S445945A
Date Received: 07/02/2004

Client: Golder Associates, Inc.
Project: Anniston PCB/Residential Borrow Source

| Client Sample ID | Lab Sample ID | Matrix | Date Sampled |
|------------------|---------------|--------|------------------|
| MH-SP-1 | S445945A*1 | Solid | 07/01/2004 13:42 |
| SB-1 | S445945A*2 | Solid | 07/01/2004 14:36 |
| SSP-1 | S445945A*3 | Solid | 07/01/2004 14:56 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 45945A-1 | MH-SP-1 | Solid | 07/02/04 | 07/01/04 13:42 | |
| 45945A-2 | SB-1 | Solid | 07/02/04 | 07/01/04 14:36 | |
| 45945A-3 | SSP-1 | Solid | 07/02/04 | 07/01/04 14:56 | |

| Parameter | Units | Lab Sample IDs | | |
|-----------|-------|----------------|----------|----------|
| | | 45945A-1 | 45945A-2 | 45945A-3 |

PCB's (8082)

| | | | | |
|---------------------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1221 | ug/kg dw | <77 | <72 | <67 |
| Aroclor-1232 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1242 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1248 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1254 | ug/kg dw | <38 | <35 | 200P |
| Aroclor-1260 | ug/kg dw | <38 | <35 | 470 |
| Aroclor 1268 | ug/kg dw | <38 | <35 | 210 |
| Surrogate - TCX * | % | 46 % | 72 % | 59 % |
| Surrogate - DCB * | % | 74 % | 56 % | 118 % |
| Percent Solids | | 87 | 93 | 100 |
| Dilution Factor | | 1 | 1 | 1 |
| Prep Date | | 07/06/04 | 07/06/04 | 07/06/04 |
| Analysis Date | | 07/09/04 | 07/09/04 | 07/09/04 |
| Batch ID | | 0706N | 0706N | 0706N |
| Quantitation Factor | | 1.000 | 1.000 | 1.000 |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 45945A-4 | Method Blank | Solid | 07/02/04 | | |
| 45945A-5 | Lab Control Standard % Recovery | Solid | 07/02/04 | | |
| 45945A-6 | LCS Accuracy Control Limit (%R) | Solid | 07/02/04 | | |
| 45945A-7 | Analyst Initials (First Initial.Last Name) | Solid | 07/02/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|----------|----------|----------|
| | | 45945A-4 | 45945A-5 | 45945A-6 | 45945A-7 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 94 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 91 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 94 % | 82 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 94 % | 82 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 07/06/04 | 07/06/04 | | |
| Analysis Date | | 07/08/04 | 07/08/04 | | |
| Batch ID | | 0706N | 0706N | | |
| Quantitation Factor | | 1.000 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 45945A-8 | LCS - 093 Custom | Solid | 07/02/04 | | |
| 45945A-9 | True Value - 093 Custom | Solid | 07/02/04 | | |
| 45945A-10 | % Recovery - 093 Custom | Solid | 07/02/04 | | |
| 45945A-11 | Accuracy Limits - 093 Custom | Solid | 07/02/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|----------|-----------|-----------|
| | | 45945A-8 | 45945A-9 | 45945A-10 | 45945A-11 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 1900 | 1500 | 127 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 3900 | 3000 | 130 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 3000 | 2000 | 150 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1600 | 1500 | 107 % | 52-137 % |
| Surrogate - TCX * | % | 120 | 170 | 70 % | 30-150 % |
| Surrogate - DCB * | % | 190 | 170 | 112 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 07/06/04 | | 07/06/04 | |
| Analysis Date | | 07/09/04 | | 07/09/04 | |
| Batch ID | | 0706N | 0706N | 0706N | |
| Quantitation Factor | | 10.00 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Order Number: S445945A

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD



STL Savannah
 5102 LaRoche Avenue
 Savannah, GA 31404
 Website: www.stl-inc.com
 Phone: (912) 354-7858
 Fax: (912) 352-0165

Alternate Laboratory Name/Location
 Phone:
 Fax:

| | | | | | | | | | | | | | | | | |
|--|-------------|--|---------------------------------------|---|-------------------------------------|---------------|-------------|------------------------------|--|------|------|------------------------------|--|------|---|----------------|
| PROJECT REFERENCE <i>Residential Sampling</i> | | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | | | | | | PAGE <i>1</i> | OF <i>1</i> |
| STL (LAB) PROJECT MANAGER <i>L. Galizia</i> | | P.O. NUMBER | CONTRACT NO. <i>40</i> | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL - SOLVENT, ...) <i>PCB 8062 125ml amber</i> | PRESERVATIVE | | | | | | | | | | STANDARD REPORT DELIVERY DATE DUE <i>7/16/04</i> | |
| CLIENT (SITE) PM <i>C. Blanchfield</i> | | CLIENT PHONE | CLIENT FAX | | | | | | | | | | | | EXPEDITED REPORT DELIVERY (SURCHARGE) DATE DUE | |
| CLIENT NAME <i>Solutia/Monsanto</i> | | CLIENT E-MAIL | | | | | | | | | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: <i>1</i> | |
| CLIENT ADDRESS | | COMPANY CONTRACTING THIS WORK (if applicable) <i>Genesis Project/Golder</i> | | | | | | | | | | | | | REMARKS | |
| DATE | TIME | SAMPLE IDENTIFICATION | | | | | | | | | | | | | | |
| <i>7/1/04</i> | <i>1342</i> | <i>MH-SP-1</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | <i>Level II</i> | |
| <i>7/1/04</i> | <i>1436</i> | <i>SB-1</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | <i>Level II</i> | |
| <i>7/1/04</i> | <i>1456</i> | <i>SSP-1</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | <i>Level II</i> | |
| RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | |
| <i>[Signature]</i> | | | | <i>[Signature]</i> | | <i>7/1/04</i> | <i>1600</i> | <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | |
| RECEIVED BY: (SIGNATURE) | | DATE | TIME | RECEIVED BY: (SIGNATURE) | | DATE | TIME | RECEIVED BY: (SIGNATURE) | | DATE | TIME | RECEIVED BY: (SIGNATURE) | | DATE | TIME | |
| <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | |

| | | | | | | | | | | | | | | | |
|---|---------------|-------------|---|------------------|----------------------|--------------------|--|--|--|--|--|--|--|--|--|
| LABORATORY USE ONLY | | | | | | | | | | | | | | | |
| RECEIVED FOR LABORATORY BY: (SIGNATURE) | DATE | TIME | CUSTODY INTACT YES <input type="checkbox"/> NO <input type="checkbox"/> | CUSTODY SEAL NO. | STL-SAVANNAH LOG NO. | LABORATORY REMARKS | | | | | | | | | |
| <i>[Signature]</i> | <i>7/1/04</i> | <i>8:46</i> | | | <i>5445945</i> | | | | | | | | | | |

APPENDIX N

IMPORTED BALLAST DOCUMENTATION



TAYLOR CORPORATION

2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803

Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

Please find the attached copy for certification for Ballast Rock # 4 and a note from Pat at Vulcan Construction Materials, L.P., stating that "All rip-rap rock is visually inspected." They can not do an actual graduation. "All state jobs will need a State inspector to go to the plant and visually inspect product before shipment".

Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.



Product Basic Gradation Statistical Summary Report

Plant: 122 Ohatchee
 Product 400 #4 ASTM
 Specification #4 ASTM

| Sieve/Test | Tests | Average | St Dev | Target | Specification |
|---------------|-------|---------|--------|--------|---------------|
| 2" (50) | 9 | 100.0 | 0.0 | - | 100 - 100 |
| 1 1/2" (37.5) | 9 | 96.7 | 1.9 | - | 90 - 100 |
| 1" (25) | 9 | 46.5 | 3.6 | - | 20 - 55 |
| 3/4" (19) | 9 | 9.1 | 1.2 | - | 0 - 15 |
| 3/8" (9.5) | 9 | 2.2 | 0.6 | - | 0 - 5 |
| PAN (0) | 9 | 0.00 | 0.00 | - | - |

ALL Rip - Rap rock is visually inspected. We CAN NOT do an actual gradation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

PAT BROWN - cell - (205) 296-6262
off.

P.S. Let me know if there is anything else you need.

APPENDIX O

IMPORTED DGA DOCUMENTATION

VULCAN MATERIALS COMPANY

FAX SHEET

TO: Taylor Corp

FAX NUMBER: 835-1803

FROM: Vulcan Materials Chatbee

TELEPHONE NUMBER: (256) 892-3192

FAX NUMBER: (256) 892-3543

MESSAGE: Dense Grade Base Type B sent to Taylor Corp. meets state requirements. (MONSARA Job)

Plant Supervisor
Casey Black
Casey Black

Quality Control Tech.
Josh Blahans
Josh Blahans

TOTAL PAGES INCLUDING FAX SHEET: 1

APPENDIX P

**IMPORTED RIP RAP AND
SURGE STONE DOCUMENTATION**



TAYLOR CORPORATION

2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803

Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

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Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.



Product Basic Gradation Statistical Summary Report

Plant: 122 Ohatchee
 Product 400 #4 ASTM
 Specification #4 ASTM

| Sieve/Test | Tests | Average | St Dev | Target | Specification |
|---------------|-------|---------|--------|--------|---------------|
| 2" (50) | 9 | 100.0 | 0.0 | - | 100 - 100 |
| 1 1/2" (37.5) | 9 | 96.7 | 1.9 | - | 90 - 100 |
| 1" (25) | 9 | 46.5 | 3.6 | - | 20 - 55 |
| 3/4" (19) | 9 | 9.1 | 1.2 | - | 0 - 15 |
| 3/8" (9.5) | 9 | 2.2 | 0.6 | - | 0 - 5 |
| PAN (0) | 9 | 0.00 | 0.00 | - | - |

ALL Rip-Rap rock is visually inspected. We CAN NOT do an actual gradation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

PAT BROWN - cell - (205) 296-6262
off.

P.S. Let me know if there is anything else you need.

APPENDIX Q

**DITCH SUBGRADE
FIELD DENSITY TEST RESULTS**



Geotechnical / Geological / Environmental / Materials Consultants

- Birmingham, AL
- Oxford, AL
- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia Rep. Fred Dempsey
 Project # 040XTAL0502Q Weather/Temperature Clear 90° Date 8-17-04
 Client TAYLOR CONST. Contractor ^{FP}~~TAYLOR~~ ENTACT

The technician arrived onsite, as requested by Don Williams
 of Solutia on Tues. 8-17-04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager *CD*

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



Birmingham, AL
 Oxford, AL
 Cullman, AL
 Marietta, GA
 Pensacola, FL

Page 1 of 1 Density Reports
 Additional Reports Included:
 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia Contractor ENTACT Project Number C40XTA9 C502Q
 Date 8-17-04 Weather/Temperature Clear 90° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------------|------|------|-------------|
| 1 | 1 | 110.0 | 15.2 | 100% | 95% | 4 th | | ✓ | QUADRANT #4 |
| | | | | | | | | | C-1-4-4 |
| 2 | 1 | 108.0 | 15.6 | 100% | 95% | 5 th | | ✓ | QUADRANT #2 |
| | | | | | | | | | C-1-5-2 |
| | | | | | | | | | |
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Compaction Equipment Used:
 Vibratory
 Non-Vibratory
 Smooth Steel Drum
 Sheepfoot
 Brickfoot
 Rubber-Tired
 Vibratory Plate
 Jumping Jack
 Other: _____
 Elevations are Approximate and Estimated By:
 Tech
 Client
 GC
 Grading Contractor
 Other: _____
 Reference:
 Grade Stake
 Existing Grade
 Estimate from Landmark: _____
 Locations are Approximate and Estimated By:
 Tech
 Client
 GC
 Grading Contractor
 Other: _____
 Reference:
 Survey Stake
 Site Drawings
 Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-------------|--------|
| 1 | 107 | 15.6 | STD | | |
| | | | | | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

- Birmingham, AL
- Oxford, AL
- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project MONSANTO 11TH STREET RESPONSE ACTION Rep. K. COBB

Project # 040X TAY 05029 Weather/Temperature M. Sunny Hi 92° Date 8-19-04

Client TAYLOR CORPORATION Contractor Taylor Corporation

The technician arrived onsite, as requested by MR. DON ELLER

of _____ on 8-19-04 (11:00AM) to observe fill

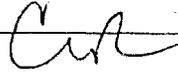
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and

moisture content of soil. Test results indicated that the materials tested met or exceeded the project

requirements of 95 % of the maximum dry density and also met moisture requirements at the locations

and elevations tested. The maximum dry density was obtained in our laboratory by using the

D 6 98 STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____ 

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



REPORT OF FIELD DENSITY TESTS

Project MONSANTO 11TH STREET RESPONSE ACTION Contractor Taylor Corporation Project Number 040174405029
 Date 8-19-04 Weather/Temperature M. Sunny Hi 92° Technician K. COBB

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1 | 1 | 110.6 | 13.73 | 100 | 95 | 54B GRADE | | ✓ | STATION # 6+03 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with FAX TO TAYLOR
 of (company) CORPORATION
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1 | 107.0 | 14.5 | STD | DARK SAND & RED CLAY MIX | |
| 2 | 81.0 | 18.5 | STD | DARK BLACK SAND | |
| | | | | | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

Birmingham, AL

Oxford, AL

Cullman, AL

Marietta, GA

Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLUTIA - CANAL Rep. Fred Dempsey
Project # 040XTAY0502Q Weather/Temperature Cloudy 85° Date 8.23.04
Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by DON ELLER
of SOLUTIA on MON. 8.23.04 to observe fill
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
moisture content of soil. Test results indicated that the materials tested met or exceeded the project
requirements of 81 % of the maximum dry density and also met moisture requirements at the locations
and elevations tested. The maximum dry density was obtained in our laboratory by using the
STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CEL

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



Birmingham, AL
 Oxford, AL
 Cullman, AL
 Marietta, GA
 Pensacola, FL

Page / of / Density Reports
Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA - CANAL Contractor TAYLOR Project Number 040XTH405720
Date 8.23.04 Weather/Temperature Cloudy 85° Technician FRED DEMPSEY

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|--------------|
| 1- | 2 | 79.0 | 20.4 | 98% | 95% | SIG | | 1 | C-Ditch 4+00 |
| 2- | 1 | 80.0 | 20.8 | 99% | 1 | 1 | | 1 | 1 |
| | | | | | | | | | |
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| | | | | | | | | | |

Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1- | 107.0 | 14.5 | STD | DR. BR. SANDY SILTY CLAY | |
| 2- | 81.0 | 18.5 | 1 | Black Silty | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project SOLUTIA - RETENTION - CANAL Rep. FRED DEMPSEY
 Project # 040XTAY0502Q Weather/Temperature CLOUDY 88 Date 8.25.04
 Client TAYLOR CORP. Contractor TAYLOR - ENTACT

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on Wed. 8.25.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager *CDL*

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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Page 1 of 1 Density Reports
 Additional Reports Included:
 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia - ~~Retention~~ Retention - Canal Contractor Taylor - Entact Project Number CAOX1405029
 Date 8-25-04 Weather/Temperature Cloudy 88° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|--------------------|---------|--------------|------------|-----------------|------|------|------------------|
| 1- | 1 | 103.4 | 17.0% | 96.6% | 95% | 6 th | | ✓ | C-1-6-4 QUADRANT |
| 2- | 1 | 103.0 | 14.0% | 96% | | 7 th | | ✓ | C-1-7-2 QUADRANT |
| 3- | 3 | 80.5 | 16.0% | 99% | | 5/6 | | ✓ | C-1-1+50 CANAL |
| 4- | 1 | 101.3 | 9.2% | 95% | | | | | C-1-0+95 |
| 5- | 3 | 91.3 ^{FD} | 14% | 100% | | | | | C-1-2+70 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|----------------------------|--------|
| 1- | 107.6 | 15.6 | STD | DR. BR. / BLACK SAND SILT. | |
| 2- | 107.0 | 14.5 | 1 | DRK BR. SAND SILT & CL | |
| 3- | 81.0 | 18.5 | | BLACK SAND | |
| | | | | | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project SOLITIA - CANAL Rep. Fred Dempsey
 Project # 040XTAY 05 020 Weather/Temperature P/C 90° Date 8.27.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on FRI. 8.27.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager AK

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
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Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia - Canal Contractor Taylor Project Number 040XTR905012
Date 8.27.09 Weather/Temperature PIC 90° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1 | 2 | 80.5 | 20% | 99% | 95% | 510 | | ✓ | C-3 7+80 Ditch |
| 2 | 1 | 89 | 21% | 100% | 95 | 510 | | ✓ | C-3 7+50 " |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-------------------|--------|
| 1 | 107.0 | 14.5 | STD | DR. BR. S/S & CL. | |
| 2 | 81.0 | 18.5 | 1 | BLACK SAND | |
| 3 | | | | | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project SOLUTIA - CANAL Rep. Fred Dempsey
 Project # 040XTAY0502Q Weather/Temperature PIC 85° Date 8.31.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on TUES. 8.31.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040XTAY 0502Q Weather/Temperature Clear 85 Date 9.9.09
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on THURS. 9.9.09 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CM

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTAY0707-2
 Date 9.9.04 Weather/Temperature CLEAR 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1 | 1 | 110.0 | 14.5 | 100 | 95 | 5/6 | | ✓ | Ditch-B- 8+90 |
| 2 | 1 | 101.5 | 14.0 | 95 | 1 | 1 | | ✓ | 8+50 |
| 3 | 1 | 101.4 | 13 | 95 | 1 | 1 | | ✓ | 7+60 |
| 4 | 1 | 102 | 15 | 95 | 1 | 1 | | ✓ | 6+85 |
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Compaction Equipment Used:
 Vibratory
 Non-Vibratory
 Smooth Steel Drum
 Sheepsfoot
 Brickfoot
 Rubber-Tired
 Vibratory Plate
 Jumping Jack
 Other: _____
 Elevations are Approximate and Estimated By:
 Tech
 Client
 GC
 Grading Contractor
 Other: _____
 Reference:
 Grade Stake
 Existing Grade
 Estimate from Landmark: _____
 Locations are Approximate and Estimated By:
 Tech
 Client
 GC
 Grading Contractor
 Other: _____
 Reference:
 Survey Stake
 Site Drawings
 Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------|--------|
| 1 | 107 | 14.5 | STD | DK. BR. SIS & CLAY | |
| 2 | 81 | 18.5 | 1 | BLACK SANDS | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project SOLUTION (CANAL) Rep. Fred Dempsey
 Project # 040XTAY0502Q Weather/Temperature Clear 85° Date 9.11.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on SAT. 9.11.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager Cur

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 040XTAY08020
Date 9.11.04 Weather/Temperature Clear 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1- | 2 | 91 | 20 | 100 | 95 | 510 | | ✓ | B-Ditch - 5+15 |
| 2- | 1 | 94 | 17 | 100 | 1 | 510 | | ✓ | B-Ditch - 4+50 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------|--------|
| 1- | 107 | 14.5 | STD | DR. BR. S/S & CL | |
| 2 | 81 | 18.5 | 1 | BLACK SAND | |
| | | | | | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



PROJECT OBSERVATION REPORT

Project SOLUTION (CANAL) (RETENTION) G.A.I. Rep. Fred Dempsey
Project # 040X1470502R Weather/Temperature Cloudy / 74° Date 9.13.04
Client TAYLOR Contractor TAYLOR / ENTRACT

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY CHRIS OF TAYLOR CONSTRUCTION.

GAI REP TESTED CONCRETE & MADE 1 SET OF 3 CYL.

GAI REP. ALSO SPOKE WITH TRACY OF ENTRACT, HE REQUESTED NEW SOIL SAMPLE PICKED UP FOR NEW PD.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

Handwritten signature

In the above space, make comments on the following:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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PROJECT OBSERVATION REPORT

Project Solutia - CANAL - Retention Rep. Fred Dempsey

Project # 040XTAY0502R Weather/Temperature Clear - 75° Date 9.20.04

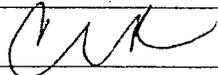
Client TAYLOR Contractor Taylor - Entact

The technician arrived onsite, as requested by Chris / Tracy
of Taylor / Entact on Mon. 9.20.04 to observe fill
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
moisture content of soil. Test results indicated that the materials tested met or exceeded the project
requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

Retention area had 2 quadrants to fail, Tracy of
Entact scarified material & allowed material to
dry & re rolled.

Gallet Rep. Return this afternoon & retested,
quadrants #3 & #4 passed as indicated in density report.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager 

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling

REPORT OF FIELD DENSITY TESTS

Project Solution - Canal - Retention Contractor Taylor / Entact Project Number 040XTAY00
Date 9-20-04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|------------------------|---------|-------------|---------|--------------|------------|-----------------|------|------|---------------------|
| Am 1- | 2 | 103.0 | 16.4 | 96 | 95% | 516 | | | B. Ditch - 20+00 |
| 2- | | 104.0 | 16.0 | 97 | | | | | - 19+75 |
| 3- | | 105.0 | 14.0 | 98 | | | | | - 18+5 |
| 4- | | 105.0 | 13.5 | 98 | | | | | - 17+50 |
| 5- | | 105.3 | 16.4 | 98 | | | | | - 15+80 |
| 6- | | 103.0 | 13.0 | 96 | | | | | - 15+50 |
| dot the st 7- | 1 | 98.0 | 24.0 | 92 | | 8 th | ✓ | | C-1-8-4 - Retention |
| 8- | | 99.0 | 23.0 | 93 | | 9 th | ✓ | | C-1-9-3 - |
| not at 9- | | 104.0 | 16.0 | 97 | | 9 th | | ✓ | C-1-9-1 - |

Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1- | 102.0 | 15.6 | STD | DK BR Black sandy silt | |
| 2- | 107.0 | 14.5 | | DK BR sandy silt w/CL | |
| 3- | 81.0 | 18.5 | | BLACK SAND | |
| 4- | 109.4 | 10.2 | | DK BR SAND | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040XTAY 05020 Weather/Temperature Clear 79° Date 9.21.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on Tues. 9.21.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

GALLET Rep. spoke with CHRIS OF TAYLOR CONST.,
He requested compaction test along north slopes
of canal, locations indicated in density report.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CMR

In the above space, make comments on the following if pertinent:
 a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTAY0500
Date 9.21.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 2 | 102.5 | 14.7 | 96% | 95% | 5/6 | | | B-Ditch - 16+55 |
| 2- | | 102.0 | 14.8 | 95% | | | | | - 16+05 |
| 3- | | 102.0 | 15.5 | 95% | | | | | - 15+55 |
| 4 | | 105.0 | 15.0 | 98% | | | | | - 15+10 |
| 5- | | 104.0 | 15.2 | 97% | | | | | - 14+14 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____

Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____

Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rack |
|---------|-----------------|------------------|--------|-------------------------|--------|
| 1 | 107.0 | 15.6 | STD | DK. BR. BL. ONLY SILT | |
| 2 | 107.0 | 14.5 | | DK. BR. silty silt w/CL | |
| 3 | 81.0 | 28.5 | | BL. SAND | |
| 4 | 108.4 | 10.2 | | DK. BR. SAND | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____ *[Signature]*



PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) G.A.I. Rep. FRED DEMPSEY
Project # 040XTAY05020 Weather/Temperature Clear 88° Date 9-24-04
Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY CHRIS OF TAYLOR CONST., CHRIS REQUESTED TESTING OF CONCRETE. HE WANTED SLUMP - 2.5" & TEMP. 88°.

GALLET REP. HAS BEEN REQUESTED TO RETURN TOMORROW 9-25-04, SATURDAY FOR DENSITY TEST.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: [Signature]

In the above space, make comments on the following:
a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) (RETENTION) Contractor TAYLOR Project Number 040XTAY05020
Date 9.25.04 Weather/Temperature Clear 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------------------|
| 1 | 5 | 125.5 | 12.0 | 100% | 95% | 1st | | ✓ | C-UTILITY DITCH STA. 12+95 |
| 2 | 5 | 124.0 | 13.0 | 100% | 95% | CAP | | ✓ | PHASE #1 N/W CORNER |
| 3 | 5 | 118.0 | 13.6 | 99% | 95% | CAP | | ✓ | " " S/E CORNER |
| 4 | 5 | 116.0 | 13.0 | 97.3% | 95% | 2nd | | ✓ | C-UTILITY DITCH STA 15+10 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____
*5 PD provided by Solutia

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|----------------------------|--------|
| 1- | 107 | 15.6 | STD | DK. BR. BLACK SANDY SILT | |
| 2- | 107 | 14.5 | | DK. BR. SANDY SILT W/CL | |
| 3- | 108.4 | 10.2 | | BLACK SAND | |
| 4- | 81 | 18.5 | | DK. BR. SAND | |
| 5- | 119.2 | 12.5 | | Redish BR. SAND & SILT CLY | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: [Signature]



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PROJECT OBSERVATION REPORT

Project Solutia Canal Rep. Fred Dempsey
 Project # 040XTAy 165702Q Weather/Temperature Clear 85° Date 9.25.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on Fri. 9.25.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CRD

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



PROJECT OBSERVATION REPORT

Project SOLUTia (CANAL) G.A.I. Rep. Fred Dempsey
Project # 045KTAYDS02 Weather/Temperature Clear 80 Date 10.4.04
Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS SCHEDULED.

GALLET REP. SPOKE WITH CHRIS OF TAYLOR CORP., CHRIS REQUESTED CONCRETE TESTING & DENSITY TESTING, RESULTS & LOCATIONS INDICATED ON ATTACHED DOCUMENTS.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

Handwritten signature

In the above space, make comments on the following:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR CORP. Project Number 040XTAY 05020
 Date 10.4.04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|------------|
| 1. | 3 | 82.0 | 20.0 | 100 | 95% | SIG | | | D-4 - 1+10 |
| 2. | 2 | 107.0 | 14.4 | 97 | 1 | 1 | | | D4 - 0+36 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-----------------------|--------|
| 1. | 107.0 | 15.6 | STD | DR. BR. S/S CL w/STAG | |
| 2. | 107.0 | 14.5 | | DR. BR. S/S CL | |
| 3. | 81.0 | 18.5 | | BLACK SAND | |
| 4. | 108.4 | 10.2 | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
Project # 040XTR105-02Q Weather/Temperature Clear 80° Date 10.6.04
Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
of TAYLOR CORP. on Weds. 10-6-04 to observe fill
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
moisture content of soil. Test results indicated that the materials tested met or exceeded the project
requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager Cur

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR CORP. Project Number 040XTAU05020
 Date 10.6.04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 1 | 106 | 17% | 99% | 95% | 5/6 | | ✓ | STA. 8+25 - C-3 |
| 2- | 1 | 105 | 18% | 98% | 1 | 1 | | ✓ | " 8+75 - C-3 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|--------------|------------------|------------------|--------|-------------------------------|--------|
| 1 | 107.0 | 15.6 | | Dr. BR. S/S CL W/STONE | |
| 2 | 102.0 | 14.5 | | " " " " | |
| 3 | 81.0 | 18.5 | | BLACK SAND | |
| 4 | 100.0 | 16.5 | | | |
| 4 | 119.2 | 12.5 | | Redish BR. CONCRETE FINE S/CL | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (Caval) Rep. Fred Dempsey
 Project # 040XTRM0502A Weather/Temperature Cloudy 80° Date 10.7.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on Thurs. 10.7.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95% % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTA405022
 Date 10.7.04 Weather/Temperature CLdy 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------|
| 1- | 2 | 107.5 | 17.0 | 100% | 95% | 516 | | | C-5 10+60 |
| 2- | 1 | 108.0 | 16.0 | 100% | 1 | 1 | | | C-5 10+90 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____

Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____

Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|---------------------------|--------|
| 1- | 107.0 | 15.6 | STD | Dr. Br. S/S w/CL. w/STAND | |
| 2- | 107.0 | 14.5 | | Dr. Br. S/S CL. | |
| 3- | 81.0 | 18.5 | | Black sand | |
| 4- | 108.4 | 10.2 | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. FRED Dempsey
 Project # 040XTAY05DLQ Weather/Temperature Cloudy 70° Date 10.9.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on SAT. 10.9.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95% of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTA40526

Date 10.9.04 Weather/Temperature Cloudy 70° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1 | 1 | 107.1 | 17.3 | 100% | 95 | 5/6 | | | 13+60 C-DITCH |
| 2 | 1 | 107.3 | 17.0 | 100% | 1 | 1 | | | 14+75 C-DITCH |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other:

Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other:

Reference: Grade Stake Existing Grade Estimate from Landmark:

Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other:

Reference: Survey Stake Site Drawings Estimate from Landmark:

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-------------------------|--------|
| 1 | 107.0 | 15.6 | STD | Dk. BA S/S w/CL & Stone | |
| 2 | 107.0 | 14.5 | | Pp. BA S/S CL | |
| 3 | 81.0 | 18.5 | | Black sand | |
| 4 | 108.4 | 10.2 | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: *[Signature]*



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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040XTAY05020 Weather/Temperature PK 70° Date 10.18.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by Chris
 of Taylor on Nov. 10.18.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 0405TA405020
 Date 10.18.04 Weather/Temperature Cloudy 70° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1- | 1 | 102.0 | 17 | 95% | 95% | 510 | | | 22+60 F-Ditch |
| 2- | 1 | 102.6 | 16.8 | 96% | 1 | 1 | | | 23+05 F-Ditch |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-----------------------|--------|
| 1 | 102.0 | 15.6 | STD | DK Br. silty silt | |
| 2 | 102.0 | 14.5 | | DK br silty silt w/ci | |
| 3 | 81.0 | 18.5 | | black sand | |
| 4 | 108.4 | 10.2 | | DK Br. sand | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



PROJECT OBSERVATION REPORT

Project Solutia (Retention) G.A.I. Rep. Fred Dempsey
Project # 040XTANOS 020 Weather/Temperature Cloudy - 75° Date 10.20.04
Client TAYLOR - Contractor ENTACT

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY TRACY OF ENTACT. TRACY REQUESTED MOISTURE CONTENT IN FILL AREA. GAI REP. REPORTED TO TRACY MOISTURE CONTENT OF 14% - OPTIMUM IS 14.5% - PHASE #3 LOCATION - TRACY REQUEST OUR RETURN TOMORROW 10.21.04 TO MAKE COMPACTION TEST.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: [Signature]

In the above space, make comments on the following:
a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



PROJECT OBSERVATION REPORT

Project Solitica (CANAL) G.A.I. Rep. Fred Dempsey
Project # DUSTYHOSOLD Weather/Temperature Cloudy 75° Date 10-20-04
Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES representative arrived on job site as requested by CHRIS of TAYLOR CORP. CHRIS requested testing of concrete & 3 cyl. concrete plant broke down & was not able to provide concrete, CHRIS REQUEST OUR RETURN TOMORROW, 10/21/04.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: [Signature]

In the above space, make comments on the following:
a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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PROJECT OBSERVATION REPORT

Project Solutia (Retention) Rep. Fred Dempsey
 Project # 040XTA10502Q Weather/Temperature Cloudy 80° Date 10.22.04
 Client Taylor Contractor ENTACT - (Taylor)

The technician arrived onsite, as requested by TRACY
 of ENTACT on THURS. 10.21.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

- In the above space, make comments on the following if pertinent:
- a. Observations/Tests performed with locations
 - b. Conversations with client or contractor
 - c. Any problems/Failures
 - d. Scheduling



REPORT OF FIELD DENSITY TESTS

Project Solutia (Retention) Contractor ENTACT - (TAYLOR) Project Number 040X TAYLOR 020
 Date 10.22.04 Weather/Temperature Cloudy 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------------|------|------|--------------|
| 1- | 1 | 102.0 | 17.0 | 95% | 95% | 1 st | | ✓ | C-3-1-2 |
| 2- | 1 | 103.0 | 17.5 | 96% | 1 | req. 1' | | ✓ | C-3-req. 1-1 |
| 3- | 1 | 103.4 | 17.6 | 97% | 1 | 1 st | | ✓ | C-3-1-3 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1- | 102.0 | 15.6 | STD | DK. Be. Black sandy silt | |
| 2- | 103.0 | 14.5 | 1 | " " sandy silt w/CL | |
| 3- | 81.1 | 18.5 | 1 | Black sand | |
| 4- | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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- Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia CANAL Rep. Fred Dempsey
 Project # 040XTAM0502Q Weather/Temperature Clear 80° Date 10.25.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on Mon. 10.25.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95% of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager Cur

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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Page / of / Density Reports
Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTM01024
Date 10-25-04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1- | 1 | 103.4 | 17.3 | 97% | 95% | 5/6 | | ✓ | 21+25 G-Ditch |
| 2- | 1 | 102.6 | 16.8 | 96% | | | | ✓ | 20+70 " " |
| 3- | 1 | 103.0 | 17.0 | 96% | | | | ✓ | 19+65 " " |
| 4- | 1 | 103.7 | 17.2 | 97% | | | | ✓ | 18+50 " " |
| 5- | 1 | 107.5 | 16.7 | 100% | | | | ✓ | 17+50 " " |
| | | | | | | | | | |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1 | 107.0 | 15.6 | STD | DK. BR. BL. SANDY SILT | |
| 2 | 107.0 | 14.5 | 1 | DK. BR. SANDY SILT W/CL. | |
| 3 | 81.0 | 18.5 | | BLACK SD. | |
| 4 | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) G.A.I. Rep. Fred Dempsey
 Project # 040XTA0501G Weather/Temperature Clear 75° Date 10-27-04
 Client Taylor Contractor Taylor

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY CHRIS OF TAYLOR CORP., CHRIS REQUESTED COMPACTION TEST IN CANAL; RESULTS & LOCATIONS INDICATED IN DENSITY REPORT.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

In the above space, make comments on the following:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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Page 1 of 1 Density Reports
Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 040XRAY05026

Date 10.27.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 1 | 103.5 | 17.0 | 96% | 95% | S/G | | | G-Ditch - 13+75 |
| 2- | | 103.0 | 16.0 | 96% | | | | | - 13+50 |
| 3- | | 104.5 | 16.5 | 97% | | | | | - 13+00 |
| 4- | | 103.3 | 16.8 | 96% | | | | | - 12+75 |
| | | | | | | | | | |
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Compaction Equipment Used:
Vibratory
Non-Vibratory
Smooth Steel Drum
Sheepsfoot
Brickfoot
Rubber-Tired
Vibratory Plate
Jumping Jack
Other: _____
Elevations are Approximate and Estimated By:
Tech
Client
GC
Grading Contractor
Other: _____
Reference:
Grade Stake
Existing Grade
Estimate from Landmark: _____
Locations are Approximate and Estimated By:
Tech
Client
GC
Grading Contractor
Other: _____
Reference:
Survey Stake
Site Drawings
Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1 | 107 | 15.6 | STD | DK. BR. BL. SANDY SILT | |
| 2 | 107 | 14.5 | | DK. BR. SANDY SET W/CL | |
| 3 | 81 | 18.5 | | BL. sand | |
| 4 | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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- Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040X TAY 05020 Weather/Temperature Clear 80° Date 10-29-04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on FRI. 10-30-04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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Page / of / Density Reports
Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CASAL) Contractor TAYLOR Project Number 04 OXTA40500
Date 10.30.04 Weather/Temperature CLEAR 80° Technician Fred Dempsey
Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 1 | 105.0 | 16 | 98% | 95% | 516 | | 1 | G-Ditch - 10+75 |
| 2- | 1 | 102.0 | 16 | 95% | 1 | 1 | | 1 | " " - 10+00 |
| | | | | | | | | | |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1 | 107 | 15.6 | STD | DL BR. BL. sandy SILT | |
| 2 | 107 | 14.5 | 1 | DL BR. sandy SILT W/CL | |
| 3 | 81 | 18.5 | 1 | BLACK SAND | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

APPENDIX R

NONWOVEN GEOTEXTILE DOCUMENTATION

02275-1

MIRAFI®**TECHNICAL DATA SHEET****Mirafi® 1120N***12 oz. f. ltr fabric*

Mirafi® 1120N is a nonwoven geotextile composed of polypropylene fibers, which are formed into a stable network such that the fibers retain their relative position. 1120N is inert to biological degradation and resists naturally encountered chemicals, alkalis, and acids.

| Mechanical Properties | Test Method | Unit | Minimum Average Roll Value | |
|------------------------------|-------------|--|----------------------------|------------|
| | | | MD | CD |
| Grab Tensile Strength | ASTM D 4632 | kN (lbs) | 1.34 (300) | 1.34 (300) |
| Grab Tensile Elongation | ASTM D 4632 | % | 50 | 50 |
| Trapezoid Tear Strength | ASTM D 4533 | kN (lbs) | 0.51 (115) | 0.51 (115) |
| Mullen Burst Strength | ASTM D 3786 | kPa (psi) | 4030 (585) | |
| Puncture Strength | ASTM D 4833 | kN (lbs) | 0.78 (175) | |
| Apparent Opening Size (AOS) | ASTM D 4751 | mm (U.S. Sieve) | 0.150 (100) | |
| Permittivity | ASTM D 4491 | sec ⁻¹ | 0.8 | |
| Permeability | ASTM D 4491 | cm/sec | 0.18 | |
| Flow Rate | ASTM D 4491 | l/min/m ² (gal/min/ft ²) | 2648 (65) | |
| UV Resistance (at 500 hours) | ASTM D 4355 | % strength retained | 70 | |

| Physical Properties | Test Method | Unit | Typical Value |
|-------------------------------------|-------------|--|------------------------|
| Weight | ASTM D 5261 | g/m ² (oz/yd ²) | 387 (11.4) |
| Thickness | ASTM D 5199 | mm (mils) | 3.0 (120) |
| Roll Dimensions (width x length) | -- | m (ft) | 4.5 x 91 (15 x 300) |
| Roll Area | -- | m ² (yd ²) | 418 (500) |
| Estimated Roll Weight | -- | kg (lb) | 175 (386) |

DISCLAIMER: Ten Cate Nicolon warrants our products to be free from defects in material and workmanship when delivered to Ten Cate Nicolon's customers and that our products meet our published specifications. Contact your local Ten Cate Nicolon Representative for detailed product specification.

JPSS000357
Revision: 2

Product Description

MIRAFI

Innovative Geotextiles

product

Mirafi® N-Series Nonwoven Polypropylene Geotextiles for Soil Separation, Filtration, and Protection

Mirafi® Construction Products offers a wide range of nonwoven geotextiles for soil separation, filtration and protection. These geotextiles are cost-effective reinforcement elements which improve and enhance modern construction techniques in a variety of civil engineering applications.

PRODUCT DESCRIPTION

Mirafi® N-Series products are nonwoven geotextiles comprised of polypropylene staple fibers. Mirafi® N-Series Nonwoven Polypropylene Geotextiles provide excellent physical and hydraulic properties in addition to high tensile strengths.

FEATURES AND BENEFITS

- **Construction.** Mirafi® N-Series geotextiles easily conform to the ground or trench surface for trouble-free installation.
- **Strength.** Mirafi® N-Series geotextiles withstand severe installation stresses with high puncture and burst resistance.
- **Filtration.** High permeability properties provide high water flow rates while providing excellent filtration properties.
- **Environmental.** Mirafi® N-Series geotextiles are chemically stable in a wide range of aggressive environments.

- **Cost effective.** Mirafi® N-Series geotextiles provide economical solutions to many civil engineering applications including a cost-effective alternative to graded-aggregate filters.

APPLICATIONS

Mirafi® N-Series Nonwovens are used in a wide variety of applications including separation, filtration, and protection applications.

Lightweight nonwovens are predominantly used for subsurface drainage applications along highways, within embankments, under airfields, and athletic fields. For these drainage structures to be effective, they must have a properly designed protective filter. Mirafi® N-Series Nonwoven Geotextiles eliminate the problems of determining the aggregate gradation required to match soil conditions, finding a convenient and economical source of a

specific aggregate gradation, transporting and placing graded aggregate, and assuring that the in-place aggregate gradation provides effective filter performance.

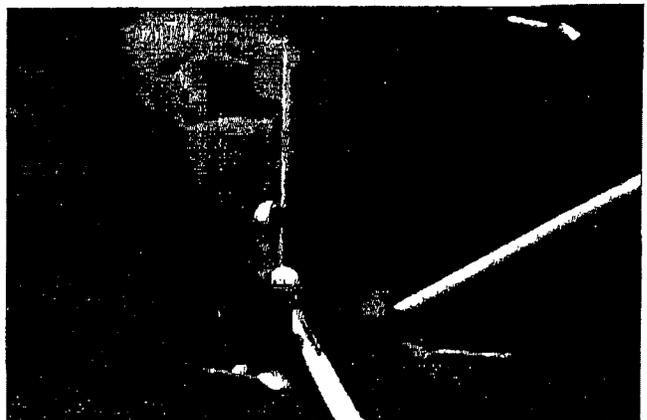
Heavyweight nonwovens are used in critical subsurface drainage systems, soil separation, permanent erosion control, and geomembrane liner protection within landfills. These geotextiles provide the required strength and abrasion resistance to withstand installation and application stresses to create an effective, long-term solution.



Mirafi® N-Series heavyweight nonwoven used as a liner protection in landfill application.



Mirafi® N-Series lightweight nonwoven used as protective filter in subsurface drainage application.



Mirafi® N-Series light weight nonwoven used as protective filter in an athletic field.



Ten Cate Nicolón

INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

General

This document is prepared to help ensure that the geosynthetic soil reinforcement, once installed, will perform its intended design function. To do so, the geosynthetic must be identified, handled, stored, and installed in such a way that its physical property values are not affected and that the design conditions are ultimately met as intended. This document contains information consistent with generally accepted practices of identifying, handling, storing, and installing geosynthetic materials. Failure to follow these guidelines may result in the unnecessary failure of the geosynthetic in a properly designed application.

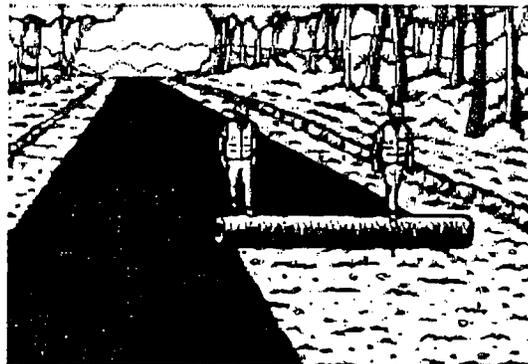
*** Material Identification, Storage and Handling**

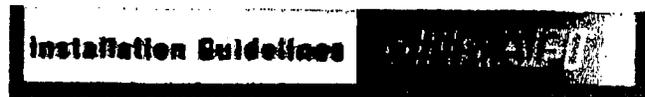
The geotextile shall be rolled on cores having strength sufficient to avoid collapse or other damage from normal use. Each roll shall be wrapped with a plastic covering to protect the geosynthetic from damage during shipping and handling, and shall be identified with a durable gummed label or the equivalent, clearly readable on the outside of the wrapping for the roll. The label shall show the manufacturer's name, the style number, and the roll number. Roll identification corresponding to the proposed location of the roll as shown on the construction drawings and as approved by the Engineer, Owner and Contractor can be provided.

While unloading or transferring the geosynthetic from one location to another, prevent damage to the wrapping, core, label, or to the geosynthetic itself. If the geosynthetic is to be stored for an extended period of time, the geosynthetic shall be located and placed in a manner that ensures the integrity of the wrapping, core, and label as well as the physical properties of geosynthetic. This can be accomplished by elevating the geosynthetic off the ground on dunnage and ensuring that it is adequately covered and protected from ultraviolet radiation including sunlight, chemicals that are strong acids or strong bases, fire or flames including welding sparks, temperatures in excess of 60°C (140°F), and human or animal destruction.

Geosynthetic Placement

All trees and brush should be cleared from the site. Specialized equipment with low ground pressure, as directed by the Engineer, may be required. Depending on the water table location and subgrade strength, the remaining vegetative mat may remain in place to keep near surface soils stabilized, as directed by the Engineer. For stronger





Engineering Solutions by Construction Mirafi

INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

Prepared by

MIRAFI[®]
Construction Products

**365 South Holland Drive
Pendergrass, GA 30567
Tel: (706) 693-2226
Fax: (706) 693-2083
www.mirafi.com**

Technical Data



Innovative Geotextiles

product

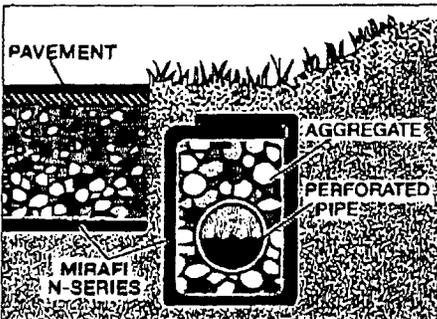
Mirafi® N-Series Nonwoven Polypropylene Geotextiles

for Soil Separation, Filtration, and Protection

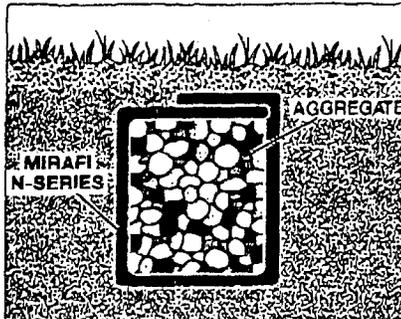
| Property / Test Method | Units | 140NL | 140NC | 140N | 160N | 170N | 180N | 1100N | 1120N | 1160N |
|-------------------------------------|---|------------------------|------------------------|------------------------|------------|------------|------------|------------|------------|------------|
| MECHANICAL PROPERTIES | | | | | | | | | | |
| Grab Tensile Strength | | | | | | | | | | |
| ASTM D 4632 | | | | | | | | | | |
| Strength @ Ultimate | kN (lbs) | 0.40 (90) | 0.45 (100) | 0.53 (120) | 0.71 (160) | 0.80 (180) | 0.9 (205) | 1.11 (250) | 1.34 (300) | 1.69 (380) |
| Elongation @ Ultimate | % | 50 | 60 | 50 | 50 | 50 | 50 | 50 | 50 | 50 |
| Mullen Burst Strength | | | | | | | | | | |
| ASTM D 3786 | kPa (psi) | 1205 (175) | 1447 (210) | 1550 (225) | 2100 (305) | 2273 (330) | 2618 (380) | 3445 (500) | 4030 (585) | 5098 (740) |
| Trapezoidal Tear Strength | | | | | | | | | | |
| ASTM D 4355 | kN (lbs) | 0.18 (40) | 0.20 (45) | 0.22 (50) | 0.27 (60) | 0.33 (75) | 0.36 (80) | 0.45 (100) | 0.51 (115) | 0.62 (140) |
| Puncture Strength | | | | | | | | | | |
| ASTM D 4633 | kN (lbs) | 0.24 (55) | 0.30 (65) | 0.30 (65) | 0.42 (95) | 0.46 (105) | 0.58 (130) | 0.69 (155) | 0.78 (175) | 1.05 (235) |
| UV Resistance after 500 hrs. | | | | | | | | | | |
| ASTM D 4355 | % strength | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 |
| HYDRAULIC PROPERTIES | | | | | | | | | | |
| Apparent Opening Size (AOS) | | | | | | | | | | |
| ASTM D 4751 | US Sieve (mm) | 60 (2.5) | 70 (2.8) | 70 (2.8) | 70 (2.8) | 100 (4.0) | 80 (3.2) | 100 (4.0) | 100 (4.0) | 100 (4.0) |
| Permittivity | | | | | | | | | | |
| ASTM D 4491 | sec ⁻¹ | 2.0 | 1.9 | 1.8 | 1.4 | 1.4 | 1.2 | 1.0 | 0.8 | 0.7 |
| Flow Rate | | | | | | | | | | |
| ASTM D 4491 | l/min/m ² (gal/min/ft ²) | 5907 (145) | 5704 (140) | 5500 (135) | 4477 (110) | 4278 (105) | 3866 (95) | 3056 (75) | 2648 (65) | 2037 (50) |
| Packaging | | | | | | | | | | |
| Roll Width | m(ft) | 3.8 (12.5) | 3.8 (12.5) | 3.8 (12.5) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) |
| Roll Length | m(ft) | 110 (360) | 110 (360) | 110 (360) | 91 (300) | 91 (300) | 91 (300) | 91 (300) | 91 (300) | 46 (150) |
| Est. Gross Weight | kg(lbs) | 60 (133) 70 (160) | 60 (133) 83 (182) | 74 (164) 89 (197) | 99 (217) | 110 (242) | 124 (273) | 134 (295) | 175 (386) | 110 (243) |
| Area | m ² (yd ²) | 418 (500) 502 (600) | 418 (500) 502 (600) | 418 (500) 502 (600) | 418 (500) | 418 (500) | 418 (500) | 418 (500) | 418 (500) | 209 (250) |

NOTE: All Mechanical Properties and Hydraulic Properties shown are Minimum Average Roll Values (MARV).

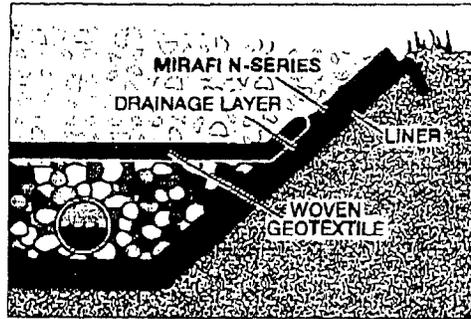
Cut-off/interceptor drain along a roadway or other critical structure



French drain without pipe



Liner protection within a landfill



www.mirafi.com

WARRANTY

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CORPORATE OFFICE

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(888) 795-0808 • (706) 693-2226 • Fax (706) 693-4400

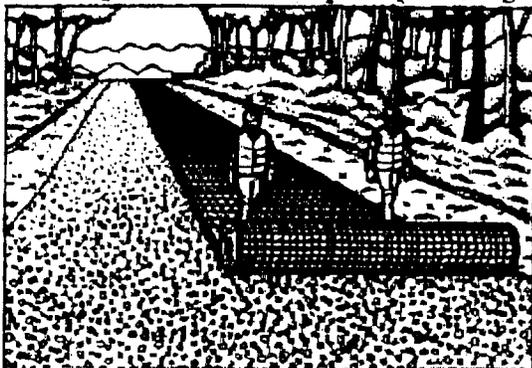


subgrades, the subgrade should be cleared of all vegetation and proof rolled.

Excessively rutting or pumping soils may be excavated and replaced with granular fill. The surface of the subgrade should be smooth and level, and depressions or humps greater than 15 cm (6 in) should be graded out.



The geosynthetic reinforcement shall be placed directly on the prepared subgrade. It should be rolled out flat and tight with no folds. The rolls should be oriented as shown on plans to insure the principal strength direction of the material is placed in the correct orientation. Adjacent rolls should be overlapped as a function of subgrade strength (CBR) as follows: 30 cm (12 in) to 45 cm (18 in) for CBR 3.0 and above; 60 cm (24 in) to 90 cm (36 in) for CBR 1.0 to 3.0; 90 cm (36 in) or more or sewn for CBR values 0.5 to 1.0; and sewn for CBR values less 0.5.



Prior to fill placement, the geosynthetic should be held in place using suitable means such as pins, piles of soil, etc. so that it doesn't move around during fill placement.

Fill Placement

Fill should be placed directly over the geosynthetic in 20 cm (8 in) to 30 cm (12 in) loose lifts. For very weak subgrades, 45 cm (18 in) lifts or thicker lifts, may be required to stabilize the subgrade, as directed by the Engineer.



Most rubber-tired vehicles can be driven at slow speeds, less than 16 km/h (10 mph) and in straight paths over the exposed geosynthetic without causing damage to the geosynthetic. Sudden braking and sharp turning should be avoided. Tracked construction equipment should not be



operated directly upon the geosynthetic. A minimum fill soil thickness of 15cm (6 in) is required prior to operation of tracked vehicles over the geosynthetic. Turning of tracked vehicles should be kept to a minimum to prevent tracks from displacing the fill and damaging the geosynthetic.

Once a stable working platform has been obtained, as determined by the Engineer, fill shall be compacted to 95% of standard Proctor density at a moisture content within ± 3 % of optimum moisture content.

APPENDIX S
GEOCOMPOSITE DOCUMENTATION



GSE FabriNet HS Geocomposites

GSE FabriNet HS geocomposite consists of GSE HyperNet HS geonet heat-laminated on one or both sides with a GSE nonwoven needlepunched geotextile. GSE HyperNet HS is a 275 mil thick geonet manufactured from a premium grade high density polyethylene resin. For the purpose of lamination to geonets, GSE nonwoven needlepunched geotextiles are available in mass per unit area range of 6 oz/yd² (200 g/m²) to 16 oz/yd² (540 g/m²). GSE FabriNet HS geocomposites are designed and formulated to perform drainage function under a range of anticipated site loads, gradients and boundary conditions. Index properties for the product are provided in the table below. Please contact GSE for further information regarding performance under site-specific conditions.

Product Specifications

| TESTED PROPERTY | TEST METHOD | FREQUENCY | MINIMUM AVERAGE ROLL VALUE ^(d) | | |
|--|-------------------------------|---------------------------|---|--------------------------------|--------------------------------|
| | | | 6 oz/yd ² | 8 oz/yd ² | 10 oz/yd ² |
| Geocomposite | | | | | |
| Product Code: | | | F72060060S | F72080080S | F72100100S |
| Transmissivity ^(a) , gal/min/ft (m ² /sec) | ASTM D 4716-00 | 1/540,000 ft ² | 3.38 (7.0 x 10 ⁻³) | 3.38 (7.0 x 10 ⁻³) | 3.38 (7.0 x 10 ⁻³) |
| Ply Adhesion, lb/in (g/cm) | GRI GC-7 | 1/50,000 ft ² | 1.0 (178) | 1.0 (178) | 1.0 (178) |
| Roll Width, ft (m) | | | 15. 14.5 (4.4) | 14.5 (4.4) | 14.5 (4.4) |
| Roll Length, ft (m) | | | 180 (54) | 170 (51) | 160 (48) |
| Roll Area, ft ² (m ²) | | | 2,610 (242) | 2,465 (229) | 2,320 (215) |
| Geonet core^(b) | | | | | |
| Transmissivity ^(a) , gal/min/ft (m ² /sec) | ASTM D 4716-00 | | 28.98 (6 x 10 ⁻³) | 28.98 (6 x 10 ⁻³) | 28.98 (6 x 10 ⁻³) |
| Thickness, mil (mm) | ASTM D 5199 | 1/50,000 ft ² | 275 (7) | 275 (7) | 275 (7) |
| Density, g/cm ³ | ASTM D 1505 | 1/50,000 ft ² | 0.94 | 0.94 | 0.94 |
| Tensile Strength (MD), lb/in (N/mm) | ASTM D 5035 | 1/50,000 ft ² | 65 (11.5) | 65 (11.5) | 65 (11.5) |
| Carbon Black Content, % | ASTM D 1603 | 1/50,000 ft ² | 2.0 | 2.0 | 2.0 |
| Geotextile (prior to lamination)^{(b),(c)} | | | | | |
| Mass per Unit Area, oz/yd ² (g/m ²) | ASTM D 5261 | 1/90,000 ft ² | 6 (200) | 8 (270) | 10 (335) |
| Grab Tensile, lb (N) | ASTM D 4632 | 1/90,000 ft ² | 170 (755) | 220 (975) | 260 (1,155) |
| Puncture Strength, lb (N) | ASTM D 4833 | 1/90,000 ft ² | 90 (395) | 120 (525) | 165 (725) |
| AOS, US Sieve (mm) | ASTM D 4751 | 1/540,000 ft ² | 70 (0.212) | 80 (0.180) | 100 (0.150) |
| Permittivity, (sec ⁻¹) | ASTM D 4491 | 1/540,000 ft ² | 1.5 | 1.5 | 1.2 |
| Flow Rate, gpm/ft ² (l/min/m ²) | ASTM D 4491 | 1/540,000 ft ² | 110 (4,480) | 110 (4,480) | 85 (3,460) |
| UV Resistance, % Retained | ASTM D 4355 (after 500 hours) | once per formulation | 70 | 70 | 70 |

NOTES:

- ^(a) Gradient of 0.1, normal load of 10,000 psf, water at 70° F (20° C), between stainless steel plates for 15 minutes.
- ^(b) Component properties prior to lamination.
- ^(c) Several geotextiles are available and may be supplied as determined by GSE.
- ^(d) These are MARV values and are based on the cumulative results of specimens tested by GSE. AOS in mm is a maximum average roll value.

DS064 R07/07/03

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| | | | | | |
|---------------------------|------------------------------------|-------------------|--------------|---------------|--------------------|
| Americas | GSE Lining Technology, Inc. | Houston, Texas | 800-435-2008 | 281-443-8564 | Fax: 281-230-8650 |
| Asia/Pacific | GSE Lining Technology Company Ltd. | Bangkok, Thailand | | 66-2-937-0091 | Fax: 66-2-937-0097 |
| Europe/Middle East/Africa | GSE Lining Technology GmbH | Hamburg, Germany | | 49-40-767420 | Fax: 49-40-7674233 |

This product data sheet is also available on our website at:

www.gseworld.com



State of New Jersey

Richard J. Codey
Acting Governor

Department of Environmental Protection
Bureau of Risk Management, Initial Notice and Case Assignment
Underground Storage Tanks Unit
PO BOX 435
401 East State Street
Trenton, NJ 08625-0435

Bradley M. Campbell
Commissioner

Mr. Keith Schwartz
Pfizer Inc.
100 Route 206 North
Peapack, NJ 07977

MAY 05 2005

Re: Pfizer Inc.
100 Route 206 North
Peapack, Somerset County
Closure #N04-3268, UST #000695
Block: 20, Lot: 10

Dear Mr. Schwartz:

On April 26, 2005 the New Jersey Department of Environmental Protection (Department) received a response of the deficiency letter from Roux Associates, Inc. documenting the following steps taken for the closure of the underground storage tank system(s) at the above referenced facility, which is/are regulated under the Underground Storage of Hazardous Substance Act (N.J.S.A. 58:10A-21 et seq) and Implementing Regulations N.J.A.C. 7:14B et seq.

This closure consisted of the abandonment-in-place of three 40000 gallon diesel underground storage tank (UST)s, and all associated piping.

I. Deficiencies/Requirements

Based upon a review of the site investigation completed to date and phone conversation with Mr. Robert W. Fidler, Roux Associates, Inc., the following deficiencies shall be addressed as required below.

A. Site Investigation

- I. The Roux Associates, Inc.'s proposal to conduct supplemental soil sampling activities to evaluate the former USTs is acceptable to the Department

Other

A. Certification Requirements

Effective April 25, 1992, all persons performing tank services must be certified per N.J.S.A. 58:10A-24.1-8. All work related to any tank service shall now be conducted by, or under the immediate on site supervision of an individual certified in the activity being conducted. All documents (tank closure and permit applications, reports, proposals) submitted to the Department shall be prepared and signed by a certified individual.



Shipping Order - Packing List - Original - Not Negotiable

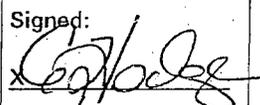
GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43588

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 08/30/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|----------|---|
| 1 | 131142226 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 962.00 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 04007 If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor Local Verification Signed:  Pick Up # 3488KS Seal # Truckers P.O. # |
| 2 | 131142227 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 962.00 | |
| 3 | 131142228 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 962.00 | |
| 4 | 131142231 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 961.00 | |
| 5 | 131142232 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 953.00 | |
| 6 | 131142234 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 941.00 | |
| 7 | 131142236 | 3074 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 1,185.00 | |
| 8 | 131150430 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 941.00 | |
| 9 | 131150431 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 948.00 | |

TRL# 647049

| | |
|-------------------------------|-------------------------------|
| Total Quantity: 22,794 | Total Weight: 8,815.00 |
|-------------------------------|-------------------------------|

| | |
|--|--|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: <u>TEI</u> CARRIER SIGNATURE: <u>John Thomas</u> DATE: <u>8-30-04</u> |
|--|--|

GSE Roll Allocation

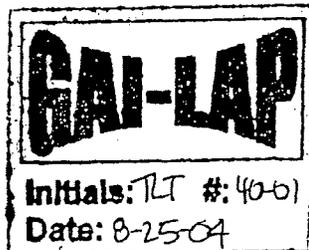
Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| Roll# | Resin Lot | Product Code | Description | Mfg. Date | Length |
|-----------|------------|--------------|-------------|-----------|--------|
| 131142226 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142227 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142228 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142231 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142232 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142234 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142236 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 212 |
| 131150430 | CB24051004 | F72080080S | F72080080S | 6/2/2004 | 170 |
| 131150431 | CB24051004 | F72080080S | F72080080S | 6/2/2004 | 170 |

GSE 8.2.4-020 Rev -- 02/03

Wednesday, August 25, 2004

Page 1 of 1



GSE

Geocomposite Traceability

Customer Taylor Corporation
Location Oxford, AL

Job Name Taylor Corporation
Order 36684

| <i>Roll_No</i> | <i>Product</i> | <i>Resin Lot</i> | <i>Top Geo</i> | <i>Bottom Geo</i> |
|----------------|----------------|------------------|----------------|-------------------|
| 131142226 | F72080080S | CB24012403 | 130162569 | 130159326 |
| 131142227 | F72080080S | CB24012403 | 130162569 | 130159326 |
| 131142228 | F72080080S | CB24012403 | 130162569 | 130159326 |
| 131142231 | F72080080S | CB24012403 | 130159319 | 130159326 |
| 131142232 | F72080080S | CB24012403 | 130159319 | 130159327 |
| 131142234 | F72080080S | CB24012403 | 130159319 | 130159327 |
| 131142236 | F72080080S | CB24012403 | 130159319 | 130159327 |
| 131150430 | F72080080S | CB24051004 | 130162207 | 130162218 |
| 131150431 | F72080080S | CB24051004 | 130162207 | 130162218 |



GSE Nonwoven Technology

Roll Test Data Summary - English Units

Product : NW8

Item Code: FBR0808200

Roll Width: 15.0 feet

Test Date: 12/16/2003

| Roll No. | Mass per Unit Area | Thickness | Grab Strength | | Grab Elongation | | Trap Tear Strength | | Puncture Strength | Mullen Burst Strength | Apparent Opening Size | Permittivity | Permeability |
|-----------|--------------------------------------|-----------------------|-------------------------|-------------------------|-----------------------|-----------------------|-------------------------|-------------------------|----------------------|-----------------------|-----------------------|------------------------|-------------------------|
| | ASTM D 5261 (oz/yd ²) | ASTM D 5199 (mils) | ASTM D 4632 MD (lbs) | ASTM D 4632 CD (lbs) | ASTM D 4632 MD (%) | ASTM D 4632 CD (%) | ASTM D 4533 MD (lbs) | ASTM D 4533 CD (lbs) | ASTM D 4833 (lbs) | ASTM D 3786 (psi) | ASTM D 4751 (mm) | ASTM D 4491 (sec-1) | ASTM D 4491 (cm/sec) |
| 130159319 | 8.2 | 120 | 282 | 284 | 100 | 133 | 135 | 181 | 148 | 512 | 0.180 | 1.9 | 0.6 |
| 130159326 | 8.4 | 120 | 267 | 281 | 102 | 133 | 119 | 150 | 159 | 464 | 0.180 | 1.9 | 0.6 |
| 130159327 | 8.4 | 120 | 267 | 281 | 102 | 133 | 119 | 150 | 159 | 464 | 0.180 | 1.9 | 0.6 |
| 130162207 | 8.7 | 114 | 313 | 285 | 96 | 127 | 124 | 157 | 172 | 516 | 0.180 | 1.8 | 0.5 |
| 130162218 | 8.8 | 103 | 306 | 268 | 94 | 139 | 143 | 164 | 146 | 486 | 0.180 | 1.8 | 0.5 |
| 130162569 | 8.5 | 98 | 254 | 267 | 100 | 133 | 122 | 126 | 141 | 392 | 0.180 | 2.0 | 0.5 |

Equistar Chemicals, LP
 One Houston Center
 1221 McKinney
 Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556

Ship-To Address:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556
 USA

Equistar Material : 504295 PETROTHENE[®] LR732001
 Batch Number : CB24012403
 Vehicle Number : EQUX620017
 Estimated Quantity : 188,100 LBS

Customer Order No. : 30241
 Customer Number : 42584
 Date Shipped : January 26, 2004
 Equistar Order No. : 849922 000010
 Delivery Item No. : 81060593 000010

| Test Description | Test Result | Unit of Measure | |
|--------------------------|-------------|-----------------|---------|
| Vehicle ID | EQUX620017 | | |
| Vehicle Type | HOPPER CAR | | |
| Melt Index, 2160g @ 190C | 0.32 | g/10 min. | STM 002 |
| Density, Extrudate @ 23C | 0.9531 | g/cc | STM 011 |
| HLMI, 21600g @ 190C | 37.0 | g/10 min. | STM 002 |

Approved by:

Wilbert Carter Jr.

Print Date: February 09, 2004

VLMCCLAY

This information is available 24 hours a day at

www.CustomerXPRESS.com

Questions ? Call Customer Service: 888-777-0232

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Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556

Ship-To Address:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556
 USA

Equistar Material : 504295 PETROTHENE® LR732001
Batch Number : CB14042803
Vehicle Number : EQUX631913
Estimated Quantity : 196,200 LBS

Customer Order No. : 30241
Customer Number : 42584
Date Shipped : April 30, 2004
Equistar Order No. : 892719 000010
Delivery Item No. : 81115572 000010

| Test Description | Test Result | Unit of Measure |
|--------------------------|-------------|-----------------|
| Vehicle ID | EQUX631913 | |
| Vehicle Type | HOPPER CAR | |
| Melt Index, 2160g @ 190C | 0.33 | g/10 min. |
| Density, Extrudate @ 23C | 0.9530 | g/cc |
| HLM1, 21600g @ 190C | 36.0 | g/10 min. |

Approved by:



Wilbert Carter Jr.

Print Date: May 11, 2004

VLMCCLAY

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CERTIFICATE OF ANALYSIS
Batch: C040503A10

| | | | |
|---|-------------------------------------|---|----------------------------------|
| Information Provided to: GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE, SC 29556 Contact: NORMAN LE GETTE Fax: 843-201-1531 | | Shipped To: GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE SC 29556 USA | |
| Order information on Shipment of: FORTIFLEX ^{RM} B53-35H-011 PE PELLETS | | Sold-To: GSE LINING TECHNOLOGY INC | |
| Customer Purchase Order No.: 30376 | Material Code: 64442 | Dry Short Tons: | Delivery / BOL No.: 80551294 |
| Shipping Date: 05/06/2004 | Shipping Vehicle No.: HCBX001555 | Net Weight: 210,500 LB | Number and Type of Package: 1 |

Comment(s):

| CUSTOMER SPECIFICATION ANALYSIS | METHOD | RESULT | UNIT | MIN | MAX |
|---------------------------------|---------------|--------|--------|-----|-----|
| MI 2,16 (1X) | ASTM D1238-01 | 0.33 | g/10mn | | |
| DENSITY (NATURAL RESIN) | ASTM D4883-99 | 0.9538 | g/cm3 | | |



| | |
|--|--|
| SUPPLIER: BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419 | APPROVED BY: Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740 |
|--|--|

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Equistar Chemicals, LP
 One Houston Center
 1221 McKinney
 Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556

Ship-To Address:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556
 USA

| | | | |
|---------------------------|-------------------------------|---------------------------|-------------------|
| Equistar Material | : 5Q4295 PETROTHENE® LR732001 | Customer Order No. | : 30241/Item 1 |
| Batch Number | : CB24051004 | Customer Number | : 42684 |
| Vehicle Number | : NAHX620456 | Date Shipped | : May 12, 2004 |
| Estimated Quantity | : 186,200 LBS | Equistar Order No. | : 905965 000010 |
| | | Delivery Item No. | : 81123097 000010 |

| Test Description | Test Result | Unit of Measure | |
|--------------------------|-------------|-----------------|---------|
| Vehicle ID | NAHX620456 | | |
| Vehicle Type | HOPPER CAR | | |
| Melt Index, 2160g @ 190C | 0.30 | g/10 min. | STM 002 |
| Density, Extrudate @ 23C | 0.9532 | g/cc | STM 011 |
| HMI, 21600g @ 190C | 34.0 | g/10 min. | STM 002 |

Approved by:

Wilbert Carter Jr.

Print Date: May 26, 2004 VLMCCLAY
 This information is available 24 hours a day at
www.CustomerXPRESS.com
 Questions ? Call Customer Service: 888-777-0232

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Lining Technology, Inc.

Transmissivity Report ASTM D4716

Roll No. 131142231

ROLL IDENTIFICATION

Roll Number 131142231
Product Name F72080080S
Production Date 3/15/2004
Resin Lot # CB24012403

CUSTOMER INFORMATION

Order Number 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

| <i>Pressure (psf)</i> | <i>Gradient</i> | <i>Net/Composite</i> | <i>Transmissivity Results</i> | | <i>Seat Time (min)</i> | <i>Boundary</i> |
|---------------------------|-----------------|----------------------|-------------------------------|---------------------|----------------------------|-----------------|
| | | | <i>(m²/sec)</i> | <i>(gal/min/ft)</i> | | |
| 10000 | 0.10 | Composite | 7.08E-04 | 3.50 | 15 | SS Plates |



Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142226

| ROLL IDENTIFICATION | | |
|---------------------------|------------|------------|
| Roll Number | 131142226 | |
| Product Name | F72080080S | |
| Production Date | 3/15/2004 | |
| Length \approx (+/- 1%) | 170 | feet |
| | 52 | meters |
| Width (Nominal) | 14.5 | feet |
| | 4.4 | meters |
| Sheet Area | 2,465 | sq. feet |
| | 229 | sq. meters |
| Weight | 962 | pounds |
| | 436 | kilograms |

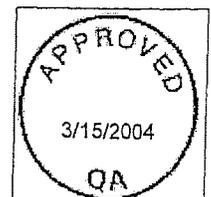
| RESIN INFORMATION | |
|-------------------|------------|
| Lot Number | CB24012403 |
| Type | LR7320 |
| Supplier | Equistar |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130162569 | Geotextile2 # 130159326 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 307 | (8) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 84 | (375) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142227

ROLL IDENTIFICATION

| | |
|-----------------|------------|
| Roll Number | 131142227 |
| Product Name | F72080080S |
| Production Date | 3/15/2004 |

| | | |
|------------------------------|-------|------------|
| Length \approx (\pm 1%) | 170 | feet |
| | 52 | meters |
| Width (Nominal) | 14.5 | feet |
| | 4.4 | meters |
| Sheet Area | 2,465 | sq. feet |
| | 229 | sq. meters |
| Weight | 962 | pounds |
| | 436 | kilograms |

RESIN INFORMATION

| | |
|------------|------------|
| Lot Number | CB24012403 |
| Type | LR7320 |
| Supplier | Equistar |

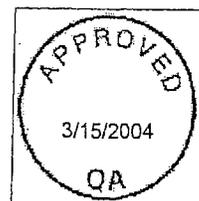
GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130162569 | Geotextile2 # 130159326 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142228

ROLL IDENTIFICATION

| | |
|-----------------|------------|
| Roll Number | 131142228 |
| Product Name | F72080080S |
| Production Date | 3/15/2004 |

RESIN INFORMATION

| | |
|------------|------------|
| Lot Number | CB24012403 |
| Type | LR7320 |
| Supplier | Equistar |

| | | |
|-----------------------|-------|------------|
| Length \pm (+/- 1%) | 170 | feet |
| | 52 | meters |
| Width (Nominal) | 14.5 | feet |
| | 4.4 | meters |
| Sheet Area | 2,465 | sq. feet |
| | 229 | sq. meters |
| Weight | 962 | pounds |
| | 436 | kilograms |

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130162569 | Geotextile2 # 130159326 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142231

ROLL IDENTIFICATION

Roll Number 131142231
 Product Name F72080080S
 Production Date 3/15/2004

Length \approx (+/- 1%) 170 feet
 52 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 2,465 sq. feet
 229 sq. meters
 Weight 961 pounds
 436 kilograms

RESIN INFORMATION

Lot Number CB24012403
 Type LR7320
 Supplier Equistar

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |

Geotextile1 # 130159319 Geotextile2 # 130159326

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142232

ROLL IDENTIFICATION

Roll Number 131142232
 Product Name F72080080S
 Production Date 3/15/2004

RESIN INFORMATION

Lot Number CB24012403
 Type LR7320
 Supplier Equistar

Length \approx (+/- 1%) 170 feet
 52 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 2,465 sq. feet
 229 sq. meters
 Weight 953 pounds
 432 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |

Geotextile1 # 130159319 Geotextile2 # 130159327

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.5 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.960 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142234

ROLL IDENTIFICATION

Roll Number 131142234
Product Name F72080080S
Production Date 3/15/2004

RESIN INFORMATION

Lot Number CB24012403
Type LR7320
Supplier Equistar

Length \pm (+/- 1%) 170 feet
 52 meters
Width (Nominal) 14.5 feet
 4.4 meters
Sheet Area 2,465 sq. feet
 229 sq. meters
Weight 941 pounds
 427 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130159319 | Geotextile2 # 130159327 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142236

ROLL IDENTIFICATION

Roll Number 131142236
 Product Name F72080080S
 Production Date 3/15/2004

RESIN INFORMATION

Lot Number CB24012403
 Type LR7320
 Supplier Equistar

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |

Length \approx (+/- 1%) 212 feet
 65 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,074 sq. feet
 285 sq. meters
 Weight 1,185 pounds
 538 kilograms

Geotextile1 # 130159319 Geotextile2 # 130159327

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131150430

| ROLL IDENTIFICATION | | | RESIN INFORMATION | |
|---------------------------|--------------|------------------------|-----------------------|------------------------|
| Roll Number | 131150430 | | Lot Number | CB24051004 |
| Product Name | F72080080S | | Type | LR7320 |
| Production Date | 6/2/2004 | | Supplier | Equistar |
| ROLL IDENTIFICATION | | | GSE RESIN TEST DATA | |
| Length \approx (+/- 1%) | 170 52 | feet meters | <u>Property</u> | <u>Test Method</u> |
| Width (Nominal) | 14.5 4.4 | feet meters | Density, g/cc | ASTM D 1505 |
| Sheet Area | 2,465 229 | sq. feet sq. meters | Melt index, g/10 min. | ASTM D 1238 (190/2.16) |
| Weight | 941 427 | pounds kilograms | Geotextile1 # | 130162207 |
| | | | Geotextile2 # | 130162218 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 312 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 105 | (465) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.39 | (1994) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.81 | (2182) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.26 | (2388) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.44 | (2471) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131150431

ROLL IDENTIFICATION

Roll Number 131150431
 Product Name F72080080S
 Production Date 6/2/2004

Length \approx (+/- 1%) 170 feet
 52 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 2,465 sq. feet
 229 sq. meters
 Weight 948 pounds
 430 kilograms

RESIN INFORMATION

Lot Number CB24051004
 Type LR7320
 Supplier Equistar

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.30 |

Geotextile1 # 130162207 Geotextile2 # 130162218

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 312 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 105 | (465) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.39 | (1994) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.81 | (2182) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.26 | (2388) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.44 | (2471) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03





GSE Lining Technology, Inc.

1245 Eastland Avenue
Kingtree, SC 29556
Phone 843-382-4603
Fax 843-382-4604

Date 8-25-04

Ref: Ultraviolet (UV) Resistance and Test Frequency of GSE Geotextiles

Project 515561

To Whom It May Concern:

The resistance of nonwoven needle punched geotextiles to ultraviolet light depends primarily on antioxidant and carbon black package mixed with resin to prepare a formulation for fiber extrusion. As long as this formulation remains the same the UV resistance of a geotextiles does not change. Therefore, GSE performs UV testing only once per resin formulation. The testing is performed according to ASTM Test Method D 4355 and results are included on GSE geotextile specification sheet. Currently, all GSE geotextiles meet or exceed a value of 70% strength retained after 500 hours of UV exposure. GSE will meet or exceed this value for the referenced project.

Although GSE geotextiles are manufactured using one of the best available antioxidant packages, we recommend covering the geotextiles within 15 days of exposure to direct Sunlight. This period does not include time during which geotextiles rolls remain on site covered in black shrink-wrap. Our recommendation is based on UV performance data published in technical literature indicating geotextile strength can decrease sharply after prolonged exposure to Sunlight.

Actual data from an independent laboratory can be supplied upon request.

A handwritten signature in cursive script, appearing to read 'C. Miller', written in black ink.

Charles L. Miller
Laboratory Manager - Kingtree



Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions:

Melanie Taylor @ 256/835-1800

256/835-1800

Sales Order

36684 SO

due 9/3

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|--------|---|
| 1 | 131160826 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 04007 If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ Local Verification Signed:  X Pick Up # 3489KS Seal # Truckers P.O. # |
| 2 | 131160836 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 951.00 | |
| 3 | 131160837 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 956.00 | |
| 4 | 131160841 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 950.00 | |
| 5 | 131160842 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 952.00 | |
| 6 | 131160843 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 948.00 | |
| 7 | 131160844 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 949.00 | |
| 8 | 131160845 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 947.00 | |
| 9 | 131160846 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 945.00 | |
| 10 | 131160853 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 954.00 | |
| 11 | 131160854 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 952.00 | |
| 12 | 131160855 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 959.00 | |

2 bgs ties

TR 724828

Total Quantity: 45,900

Total Weight: 16,149.00

Driver Requirements:

- 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
- 2) Driver must call (843) 382-4603 when unloaded.
- 3) Driver must call and advise any delay in transit.
- 4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: *TEF*

CARRIER SIGNATURE: *Cale Wagner*

DATE: *9-2-04*



Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 09/02/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|--------|--|
| 13 | 131160856 | 2700 | SF | F72060060T XL7 Fabrinet, 2 Side, 15' | 960.00 | Freight charges are prepaid unless marked collect. Check box if collect. |
| 14 | 131160857 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 943.00 | |
| 15 | 131160858 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 944.00 | <input type="checkbox"/> |
| 16 | 131160859 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 941.00 | Customer P.O. #: 04007 |
| 17 | 131160860 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 940.00 | If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor |
| | | | | | | Local Verification Signed: X _____ |
| | | | | | | Pick Up # 3489KS |
| | | | | | | Seal # |
| | | | | | | Truckers P.O. # |

| | |
|-------------------------------|--------------------------------|
| Total Quantity: 45,900 | Total Weight: 16,149.00 |
|-------------------------------|--------------------------------|

| | |
|--|--|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: _____ CARRIER SIGNATURE: <i>Bob L. Wagner</i> DATE: _____ |
|--|--|

GSE Roll Allocation

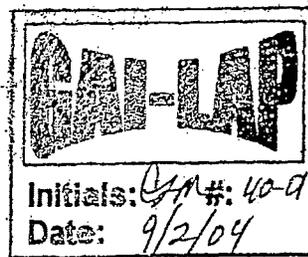
Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| Roll# | Resin Lot | Product Code | Description | Mfg. Date | Length |
|-----------|-----------|--------------|-------------|-----------|--------|
| 131160820 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160821 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160822 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160823 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160824 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160825 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160826 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160827 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160828 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160829 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160830 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160831 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160832 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160833 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160834 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160835 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160836 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160837 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160838 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160839 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160840 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160841 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160842 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160843 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160844 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160845 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160846 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160847 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160848 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160849 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |

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Thursday, September 02, 2004

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Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| <i>Roll#</i> | <i>Resin Lot</i> | <i>Product Code</i> | <i>Description</i> | <i>Mfg. Date</i> | <i>Length</i> |
|--------------|------------------|---------------------|--------------------|------------------|---------------|
| 131160850 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160851 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160852 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160853 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160854 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160855 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160856 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160857 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160858 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160859 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160860 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |



Lining Technology, Inc.

Transmissivity Report

ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number 131160830
Product Name F72060060T
Production Date 9/2/2004
Resin Lot # CRG610991

CUSTOMER INFORMATION

Order Number 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

| <i>Pressure (psf)</i> | <i>Gradient</i> | <i>Net/Composite</i> | <i>Transmissivity Results</i> | | <i>Seat Time (min)</i> | <i>Boundary</i> |
|---------------------------|-----------------|----------------------|-------------------------------|---------------------|----------------------------|-----------------|
| | | | <i>(m²/sec)</i> | <i>(gal/min/ft)</i> | | |
| 10000 | 0.10 | Net | 7.64E-03 | 36.92 | 15 | SS Plates |
| 10000 | 0.10 | Composite | 1.60E-03 | 7.89 | 15 | SS Plates |



CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Recipient: NORMAN LEGETTE
Fax:

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

| Property | Test Method | Value | Unit |
|------------|-------------|--------|--------|
| Melt Index | ST-103 | 0.34 | g/10mi |
| Density | ST-292 | 0.9540 | g/cm3 |

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799



Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160836

ROLL IDENTIFICATION

Roll Number 131160836
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 951 pounds
 431 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160837

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 131160837
 Product Name F72060060T
 Production Date 9/2/2004

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 956 pounds
 434 kilograms

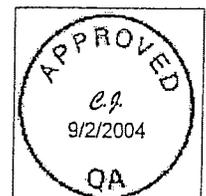
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160841

ROLL IDENTIFICATION

Roll Number 131160841
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

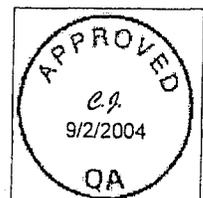
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177858

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160842

| ROLL IDENTIFICATION | | |
|---------------------|------------|--|
| Roll Number | 131160842 | |
| Product Name | F72060060T | |
| Production Date | 9/2/2004 | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| | | |
|---------------------------|-------|------------|
| Length \approx (+/- 1%) | 180 | feet |
| | 55 | meters |
| Width (Nominal) | 15.0 | feet |
| | 4.6 | meters |
| Sheet Area | 2,700 | sq. feet |
| | 250 | sq. meters |
| Weight | 952 | pounds |
| | 432 | kilograms |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160843

ROLL IDENTIFICATION

Roll Number 131160843
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

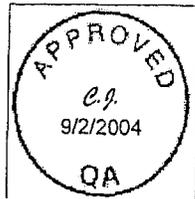
Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 948 pounds
 430 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|--------|---------------|--------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 (7) | | 282 (7) | |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 (289) | | 85 (378) | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 (227) | | 3.22 (1461) | |
| Side B - Minimum | | every 10th | 0.50 (227) | | 4.03 (1830) | |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 (454) | | 3.85 (1747) | |
| Side B - Average | | every 10th | 1.00 (454) | | 4.68 (2126) | |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160844

ROLL IDENTIFICATION

| | |
|----------------------------------|----------------------------------|
| Roll Number | 131160844 |
| Product Name | F72060060T |
| Production Date | 9/2/2004 |
| Length \approx (+/- 1%) | 180 feet 55 meters |
| Width (Nominal) | 15.0 feet 4.6 meters |
| Sheet Area | 2,700 sq. feet 250 sq. meters |
| Weight | 949 pounds 430 kilograms |

RESIN INFORMATION

| | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

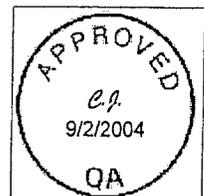
GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|--------------------------------|--------------------------------|----------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # 130177875 | Geotextile2 # 130177858 | |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|--------|---------------|--------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 (7) | | 282 (7) | |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 (289) | | 85 (378) | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 (227) | | 3.22 (1461) | |
| Side B - Minimum | | every 10th | 0.50 (227) | | 4.03 (1830) | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 (454) | | 3.85 (1747) | |
| Side B - Average | | every 10th | 1.00 (454) | | 4.68 (2126) | |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160845

ROLL IDENTIFICATION

Roll Number 131160845
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 947 pounds
 430 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|--------|---------------|--------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 (7) | | 282 (7) | |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 (289) | | 85 (378) | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 (227) | | 3.22 (1461) | |
| Side B - Minimum | | every 10th | 0.50 (227) | | 4.03 (1830) | |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 (454) | | 3.85 (1747) | |
| Side B - Average | | every 10th | 1.00 (454) | | 4.68 (2126) | |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160854

ROLL IDENTIFICATION

Roll Number 131160854
Product Name F72060060T
Production Date 9/2/2004
Length \approx (\pm 1%) 180 feet / 55 meters
Width (Nominal) 15.0 feet / 4.6 meters
Sheet Area 2,700 sq. feet / 250 sq. meters
Weight 952 pounds / 432 kilograms

RESIN INFORMATION

Lot Number CRG610991
Type 5502BN
Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 **Geotextile2 #** 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160856

ROLL IDENTIFICATION

Roll Number 131160856
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

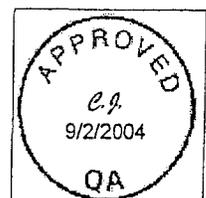
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 285 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 94 | (416) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | | | | | | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160857

| ROLL IDENTIFICATION | | |
|---------------------------|----------------------------------|--|
| Roll Number | 131160857 | |
| Product Name | F72060060T | |
| Production Date | 9/2/2004 | |
| Length \approx (+/- 1%) | 180 feet 55 meters | |
| Width (Nominal) | 15.0 feet 4.6 meters | |
| Sheet Area | 2,700 sq. feet 250 sq. meters | |
| Weight | 943 pounds 428 kilograms | |

| RESIN INFORMATION | | |
|-----------------------|------------------------|-------------------------|
| Lot Number | CRG610991 | |
| Type | 5502BN | |
| Supplier | Chevron | |
| GSE RESIN TEST DATA | | |
| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177880 | Geotextile2 # 130177879 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160858

ROLL IDENTIFICATION

Roll Number 131160858
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

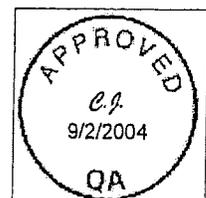
Geotextile1 # 130177872 Geotextile2 # 130177879

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160859

| ROLL IDENTIFICATION | | |
|---------------------|------------|--|
| Roll Number | 131160859 | |
| Product Name | F72060060T | |
| Production Date | 9/2/2004 | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| | | |
|---------------------------|-------|------------|
| Length \approx (+/- 1%) | 180 | feet |
| | 55 | meters |
| Width (Nominal) | 15.0 | feet |
| | 4.6 | meters |
| Sheet Area | 2,700 | sq. feet |
| | 250 | sq. meters |
| Weight | 941 | pounds |
| | 427 | kilograms |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177872 | Geotextile2 # 130177879 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160860

ROLL IDENTIFICATION

Roll Number 131160860
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 940 pounds
 426 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

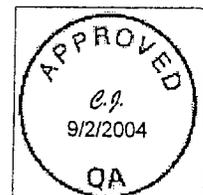
Geotextile1 # 130177872 Geotextile2 # 130177879

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 09/02/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

due 9/3

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|----------|---|
| 1 | 131160820 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 1,085.00 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 04007 If this shipment is to be delivered to consignors, consignors shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor Local Verification Signed: X <input checked="" type="checkbox"/> |
| 2 | 131160821 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 959.00 | |
| 3 | 131160822 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 953.00 | |
| 4 | 131160823 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 938.00 | |
| 5 | 131160824 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 936.00 | |
| 6 | 131160825 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 938.00 | |
| 7 | 131160827 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 955.00 | |
| 8 | 131160828 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | |
| 9 | 131160829 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 960.00 | |
| 10 | 131160830 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 960.00 | |
| 11 | 131160831 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 959.00 | |
| 12 | 131160832 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 965.00 | |

3 bgs ties

JR 510 791

| | |
|-------------------------------|--------------------------------|
| Total Quantity: 64,800 | Total Weight: 23,011.00 |
|-------------------------------|--------------------------------|

| | |
|--|---|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: <i>TEI</i> CARRIER SIGNATURE: <i>PC Hull</i> DATE: <i>9-2-04</i> |
|--|---|



Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 09/02/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|--------|---|
| 13 | 131160833 | 2700 | SF | F72060060T XL7 Fabrinet, 2 Slide, 15' | 953.00 | Freight charges are prepaid unless marked collect. Check box if collect. |
| 14 | 131160834 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 951.00 | |
| 15 | 131160835 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | <input type="checkbox"/> |
| 16 | 131160838 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 955.00 | Customer P.O. #: 04007 |
| 17 | 131160839 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 954.00 | If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. |
| 18 | 131160840 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 952.00 | |
| 19 | 131160847 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 945.00 | |
| 20 | 131160848 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 946.00 | |
| 21 | 131160849 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 946.00 | Signature of Consignor |
| 22 | 131160850 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | |
| 23 | 131160851 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 957.00 | Local Verification |
| 24 | 131160852 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 970.00 | Signed: <u>X</u> |

| | |
|-------------------------------|--------------------------------|
| Total Quantity: 64,800 | Total Weight: 23,011.00 |
|-------------------------------|--------------------------------|

| | |
|--|--|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: _____ CARRIER SIGNATURE: <u>[Signature]</u> DATE: _____ |
|--|--|

GSE Roll Allocation

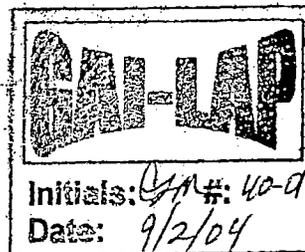
Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| Roll# | Resin Lot | Product Code | Description | Mfg. Date | Length |
|-----------|-----------|--------------|-------------|-----------|--------|
| 131160820 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160821 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160822 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160823 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160824 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160825 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160826 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160827 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160828 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160829 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160830 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160831 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160832 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160833 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160834 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160835 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160836 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160837 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160838 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160839 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160840 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160841 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160842 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160843 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160844 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160845 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160846 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160847 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160848 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160849 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |

GSE 8.2.4-020 Rev -- 02/03

Thursday, September 02, 2004

Page 1 of 2



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| <i>Roll#</i> | <i>Resin Lot</i> | <i>Product Code</i> | <i>Description</i> | <i>Mfg. Date</i> | <i>Length</i> |
|--------------|------------------|---------------------|--------------------|------------------|---------------|
| 131160850 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160851 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160852 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160853 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160854 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160855 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160856 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160857 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160858 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160859 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160860 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |



Lining Technology, Inc.

Transmissivity Report

ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number 131160830
Product Name F72060060T
Production Date 9/2/2004
Resin Lot # CRG610991

CUSTOMER INFORMATION

Order Number 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

| <i>Pressure (psf)</i> | <i>Gradient</i> | <i>Net/Composite</i> | <i>Transmissivity Results</i> | | <i>Seat Time (min)</i> | <i>Boundary</i> |
|-----------------------|-----------------|----------------------|-------------------------------|---------------------|------------------------|-----------------|
| | | | <i>(m²/sec)</i> | <i>(gal/min/ft)</i> | | |
| 10000 | 0.10 | Net | 7.64E-03 | 36.92 | 15 | SS Plates |
| 10000 | 0.10 | Composite | 1.60E-03 | 7.89 | 15 | SS Plates |



CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

| Property | Test Method | Value | Unit |
|------------|-------------|--------|--------|
| Melt Index | ST-103 | 0.34 | g/10mi |
| Density | ST-292 | 0.9540 | g/cm3 |

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799



Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160820

| ROLL IDENTIFICATION | | |
|-----------------------|----------------------------------|--|
| Roll Number | 131160820 | |
| Product Name | F72060060T | |
| Production Date | 9/1/2004 | |
| Length \pm (+/- 1%) | 180 feet 55 meters | |
| Width (Nominal) | 15.0 feet 4.6 meters | |
| Sheet Area | 2,700 sq. feet 250 sq. meters | |
| Weight | 1,085 pounds 492 kilograms | |

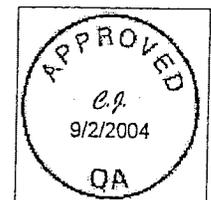
| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130165285 | Geotextile2 # 130171079 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 289 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 87 | (387) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.35 | (1977) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 3.48 | (1582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 4.90 | (2224) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.07 | (1847) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160821

ROLL IDENTIFICATION

Roll Number 131160821
 Product Name F72060060T
 Production Date 9/1/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

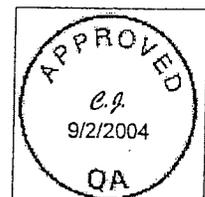
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160821

| ROLL IDENTIFICATION | | |
|-----------------------|----------------------------------|--|
| Roll Number | 131160821 | |
| Product Name | F72060060T | |
| Production Date | 9/1/2004 | |
| Length \pm (+/- 1%) | 180 feet 55 meters | |
| Width (Nominal) | 15.0 feet 4.6 meters | |
| Sheet Area | 2,700 sq. feet 250 sq. meters | |
| Weight | 959 pounds 435 kilograms | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177524 | Geotextile2 # 130177489 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160822

ROLL IDENTIFICATION

Roll Number 131160822
 Product Name F72060060T
 Production Date 9/1/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 953 pounds
 432 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

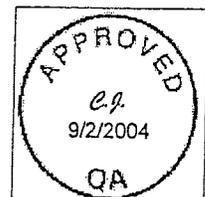
Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160823

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 131160823
 Product Name F72060060T
 Production Date 9/1/2004

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 938 pounds
 425 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-------------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # 130177524 | | Geotextile2 # 130177489 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160824

| ROLL IDENTIFICATION | | |
|---------------------|------------|--|
| Roll Number | 131160824 | |
| Product Name | F72060060T | |
| Production Date | 9/1/2004 | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| | | |
|---------------------------|-------|------------|
| Length \approx (+/- 1%) | 180 | feet |
| | 55 | meters |
| Width (Nominal) | 15.0 | feet |
| | 4.6 | meters |
| Sheet Area | 2,700 | sq. feet |
| | 250 | sq. meters |
| Weight | 936 | pounds |
| | 425 | kilograms |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177524 | Geotextile2 # 130177489 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 280 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 88 | (392) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160825

ROLL IDENTIFICATION

Roll Number 131160825
 Product Name F72060060T
 Production Date 9/1/2004

Length \approx (\pm 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 938 pounds
 425 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

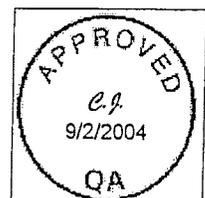
Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160827

ROLL IDENTIFICATION

Roll Number 131160827
 Product Name F72060060T
 Production Date 9/2/2004

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 955 pounds
 433 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160828

ROLL IDENTIFICATION

Roll Number 131160828
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 958 pounds
 435 kilograms

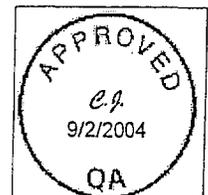
GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177876 | Geotextile2 # 130177857 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 280 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 88 | (392) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | | | | | |
| | GRI GC7 | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 6.05 | (2747) |
| Side B - Average | | | | | | |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160829

ROLL IDENTIFICATION

Roll Number 131160829
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 960 pounds
 435 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number 131160830
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 960 pounds
 435 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160832

ROLL IDENTIFICATION

Roll Number 131160832
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 965 pounds
 438 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177876 | Geotextile2 # 130177857 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160834

ROLL IDENTIFICATION

Roll Number 131160834
 Product Name F72060060T
 Production Date 9/2/2004

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 951 pounds
 431 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160835

ROLL IDENTIFICATION

Roll Number 131160835
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 958 pounds
 435 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177856 | Geotextile2 # 130177859 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160838

ROLL IDENTIFICATION

Roll Number 131160838
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 955 pounds
 433 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | | 2.0 | | 2.6 |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160839

ROLL IDENTIFICATION

Roll Number 131160839
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 954 pounds
 433 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177856 | Geotextile2 # 130177859 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160840

ROLL IDENTIFICATION

Roll Number . 131160840
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 952 pounds
 432 kilograms

RESIN INFORMATION

Lot Number. CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

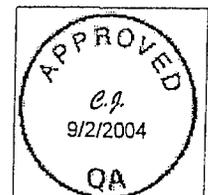
Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 92 | (407) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160847

ROLL IDENTIFICATION

Roll Number 131160847
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 945 pounds
 429 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

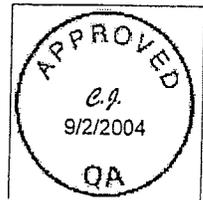
GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160848

ROLL IDENTIFICATION

Roll Number 131160848
 Product Name F72060060T
 Production Date 9/2/2004

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 946 pounds
 429 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160849

ROLL IDENTIFICATION

Roll Number 131160849
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 946 pounds
 429 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

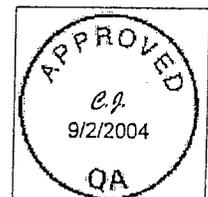
Geotextile1 # 130177875 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160850

ROLL IDENTIFICATION

Roll Number 131160850
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Roll Test Data Report

Lining Technology, Inc.

Roll No. 131160851

ROLL IDENTIFICATION

Roll Number 131160851
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 957 pounds
 434 kilograms

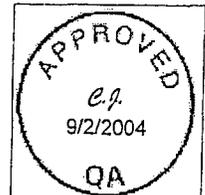
GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177880 | Geotextile2 # 130177873 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160852

ROLL IDENTIFICATION

Roll Number 131160852
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

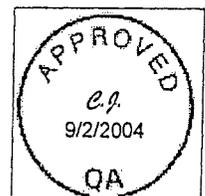
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Shipping Order - Packing List - Original - Not Negotiable

GSE Lining Technology, Inc. at HOUSTON, TEXAS

Shippers No. 45459

Received at Houston, Texas from GSE Lining Technology, Inc. the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any portion of said route to destination, and as to each party at any time interested in, all or any of said property, that every service performed hereunder shall be subject to the rates and contract agreed to in writing by GSE Lining Technology and Carrier: GSE Lining Technology's obligation to pay freight charges for the shipment is conditioned on the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Lining technology, Inc. for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 10/20/04

Roll Certifications Included

Branch Plant: 1500 .621812

Shipping Instructions:

Ship via dedicated truck

Chris Gay @ 888-398-0175

Sales Order

37548 SO

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | | Weight | Project# 515834 |
|----------|-----------|-------------|----|---|---|--------|---|
| 1 | 110167858 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 942.0 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 4007 If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ Local Verification Signed: X Pick Up # 6629RR Seal # Truckers P.O. # |
| 2 | 110167865 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 936.0 | |
| 3 | 110167866 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 940.0 | |
| 4 | 110167867 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 945.0 | |
| 5 | 110167868 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 955.0 | |
| 6 | 110167870 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 948.0 | |
| 7 | 110167871 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 943.0 | |
| 8 | 131162169 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 960.0 | |

Total Quantity: 26,680

Total Weight: 7,569.00

Driver Requirements:

- 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
- 2) Driver must call (281) 230-6781 when unloaded.
- 3) Driver must call and advise any delay in transit.
- 4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____

CARRIER SIGNATURE: _____

DATE: _____



CERTIFICATE OF ANALYSIS
Batch: C040827A03

| | | | |
|---|-------------------------------------|---|----------------------------------|
| Information Provided to: GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON, TX 77073 Contact: DON BOHAC Fax: 281-230-8630 | | Shipped To: GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON TX 77073 USA | |
| Order information on Shipment of: FORTIFLEX ^{RM} B53-35H-011 PE PELLETS | | Sold-To: GSE LINING TECHNOLOGY INC | |
| Customer Purchase Order No.: 32378 | Material Code: 64442 | Dry Short Tons: | Delivery / BOL No.: 80587799 |
| Shipping Date: 08/30/2004 | Shipping Vehicle No.: HLTX006196 | Net Weight: 209,300 LB | Number and Type of Package: 1 |

Comment(s):

| CUSTOMER SPECIFICATION ANALYSIS | | METHOD | RESULT | UNIT |
|---------------------------------|---------------|--------|--------|--------|
| MI 2.16 (1X) | ASTM D1238-01 | | 0.38 | g/10mn |
| DENSITY (NATURAL RESIN) | ASTM D4883-99 | | 0.9545 | g/cm3 |



Responsible Care

| | |
|--|--|
| SUPPLIER: BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419 | APPROVED BY: Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740 |
|--|--|

THIS REPORT CANNOT BE COPIED OR REPRODUCED EXCEPT IN FULL WITHOUT THE WRITTEN APPROVAL OF THE BP SOLVAY ANALYTICAL AND QUALITY SERVICES DEPARTMENT. RESULTS APPLY ONLY TO THE ITEMS TESTED. THIS DOCUMENT CONTAINS INFORMATION THAT MAY BE CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. USE OF THIS INFORMATION BY ANYONE ELSE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE NOTIFY US BY PHONE AT 713-307-3740.



Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

CPC Delivery #: 86692159
PO #: 30239
Weight: 197480 LB
Ship Date: 08/11/2004
Package: BULK
Mode: Hopper Car
Car #: PSPX008184
Seal No: 141450

Recipient: NORMAN LEGETTE
Fax:

Product:
MARLEX POLYETHYLENE HHM 5502BN BULK

Lot Number: 6141044

| Property | Test Method | Value | Unit |
|------------|-------------|--------|--------|
| Melt Index | ASTM D1238 | 0.400 | g/10mi |
| Density | ASTM D1505 | 0.9540 | g/cm3 |

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.

Jackie Edwards
Certification Systems Specialist

For CoA questions contact Peter Scheirman at 713-289-4799



Roll Test Data Report

Lining Technology, Inc.

Roll No. 110167858

ROLL IDENTIFICATION

Roll Number 110167858
 Product Name F42060060S
 Production Date 10/7/2004

RESIN INFORMATION

Lot Number C040827A03
 Type B53-35H-011
 Supplier Solvay

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 942 pounds
 427 kilograms

Geotextile1 # 130180126 Geotextile2 # 130180142

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|---------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 223 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 55 | (243) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.7 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 1.90 | (863) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.30 | (590) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167865

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|----------------------------------|----------------------------------|--|
| Roll Number | 110167865 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 936 pounds 425 kilograms | |

| | |
|-------------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

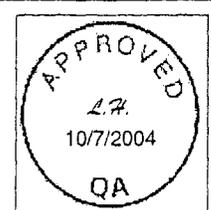
GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|-----------------------|------------------------|--------------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130180127 | Geotextile2 # 130180129 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167866

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|----------------------------------|----------------------------------|--|
| Roll Number | 110167866 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 940 pounds 426 kilograms | |

| | |
|-------------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|-----------------------|------------------------|--------------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130180127 | Geotextile2 # 130180129 |

| <i>Physical Property</i> | <i>Test Method</i> | <i>Test Frequency</i> | <i>Customer Minimum</i> | | <i>Test Results</i> | |
|-----------------------------|-----------------------|-----------------------|-------------------------|---------------|---------------------|---------------|
| | | | <i>English</i> | <i>Metric</i> | <i>English</i> | <i>Metric</i> |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167867

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 110167867
 Product Name F42060060S
 Production Date 10/7/2004

Lot Number C040827A03
 Type B53-35H-011
 Supplier Solvay

GSE RESIN TEST DATA

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 945 pounds
 429 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |

Geotextile1 # 130180127 Geotextile2 # 130180129

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167868

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|---------------------------|----------------------------------|--|
| Roll Number | 110167868 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 955 pounds 433 kilograms | |

| | |
|------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

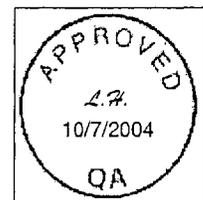
GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130180127 | Geotextile2 # 130180129 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7* / ASTM D7005 | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167870

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|---------------------------|----------------------------------|--|
| Roll Number | 110167870 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 948 pounds 430 kilograms | |

| | |
|------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130156189 | Geotextile2 # 130180141 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 200 | (5) | 238 | (6) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 45 | (200) | 51 | (226) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.963 |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7* / ASTM D7005 | every 10th | 1.00 | (454) | 2.56 | (1162) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.25 | (1022) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev - - 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167871

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 110167871
 Product Name F42060060S
 Production Date 10/7/2004

Lot Number C040827A03
 Type B53-35H-011
 Supplier Solvay

GSE RESIN TEST DATA

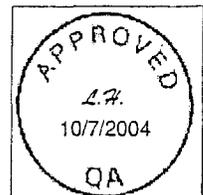
Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 943 pounds
 428 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130156189 | Geotextile2 # 130180141 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 238 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 51 | (226) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | | 0.940 | | 0.963 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.56 | (1162) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.25 | (1022) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131162169

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 131162169
 Product Name F42060060S
 Production Date 9/14/2004

Lot Number 6141044
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 954 pounds
 433 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.40 |
| Geotextile1 # | 130178409 | Geotextile2 # 130178610 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 228 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 66 | (294) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 4.07 | (1848) |
| Side B - Average | | every 10th | 1.00 | (454) | 3.71 | (1683) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03



APPENDIX T
CONCRETE DOCUMENTATION

CONCRETE MIX DESIGN

July 30, 2004

Contractor: Taylor Corporation
Project: Solutia Anniston, 11th Street Project
Concrete Source: Kirkpatrick Concrete, Inc.
Mix Identification:

Mix Design Data Product Code 994013

28-Day Comp. Strength (psi): 4000 psi
Slump: 2.0 (+ OR -) 1.0 inches
Entrained (incl.entrapped) Air: 1.5

Materials & Proportions (saturated, surface dry pounds per cubic yard where applicable):

| Source | Description | | Sp. Grav. | Est.Yield (cu.ft.) |
|------------------------------|---|------------|-----------|-----------------------|
| National Cement Company | Cement (ASTM C 150, Type I), lbs. | 677 | 3.15 | 3.44 |
| Boral | Flyash (ASTM C 618, Class F), lbs. | 189 | 2.30 | 1.18 |
| Elmore Sand & Gravel | Concrete Sand (ASTM C 33), lbs. | 2135 | 2.63 | 13.01 |
| Elmore Sand & Gravel | No. 7 Pea Gravel | 585 | 2.63 | 3.56 |
| | Water, lbs. (US Gals.) | 350 (41.9) | 1.00 | 5.61 |
| | Total Air, % | 2 | | 0.41 |
| | | | Total = | <u>27.21</u> |
| Chemical Admixtures * | | | | |
| Euclid Chemical Company | Water Reducing Admixture - WR 91 (ASTM C 494, Type A), oz./cu.yd. | | | 34.0 |
| Euclid Chemical Company | Air Entrainment Admixture - AEA 92S (ASTM C 260), oz./cu.yd. | | | 0.0 |
| Euclid Chemical Company | Retarder / Reducer - Eucon Retarder 75 (ASTM C 494, Type D), oz./cu.yd. | | | 0.0 |

* Admixture dosages are based on past experience and manufacturer's recommendations. Dosages will be adjusted as needed to maintain concrete properties within the allowed tolerances.

Other Information

0.41 = Water to Cementitious Material Ratio, lbs./lbs.
0.20 = Fly Ash to Cementitious Material Ratio, lbs./lbs.
143.9 = Estimated Concrete Unit Weight, pcf

Prepared By:



Patrick A. Davis (Pat)
Field Services Manager

KIRKPATRICK CONCRETE

MATERIAL CERTIFICATIONS

The materials represented in the mix design submittals are the materials currently being utilized at the plant(s) associated with this project. Any changes in materials may be made without notice, but are guaranteed to meet the same ASTM standards and applicable project specifications as those listed.



Suite 600
 2000 SouthBridge Parkway
 Birmingham, Alabama 35209
 Telephone: 205-423-2600
 Fax: 205-870-5777

January 6, 2003

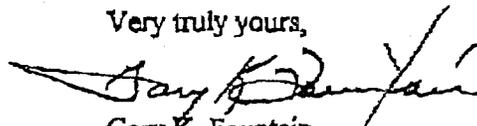
Kirkpatrick Concrete Inc.
 PO Box 546
 Guntersville, Alabama 35976

Gentlemen:

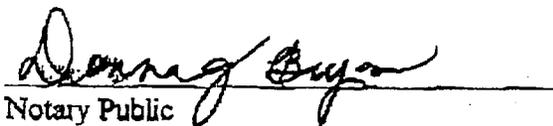
This certifies that **Coosa Portland Cement, Type I**, as manufactured in the United States by National Cement Company, Birmingham, Alabama, meets the requirements of both **ASTM C-150** and **AASHTO M-85** for Portland cement.

This also certifies that **Coosa Portland Cement, Type I**, meets requirements for specification **ASTM C-150** for **Portland Cement, Type II**.

Very truly yours,


 Gary K. Fountain
 Office Manager - Sales

Sworn to and subscribed to before
 me on January 6, 2003.


 Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
 MY COMMISSION EXPIRES: Aug 23, 2004
 BONDED TIRU NOTARY PUBLIC UNDERWRITERS



National Cement Company of Alabama, Inc.

CERTIFIED MILL TEST REPORT

Suite 600
 2000 SouthBridge Parkway
 Birmingham, Alabama 35208
 Telephone: 205-423-2600
 Fax: 205-870-5777

CONSIGNEE: KIRKPATRICK CONCRETE CO. DESTINATION: BIRMINGHAM, ALABAMA
 SPECIFICATION: TYPE 1 ASTM C-150 M-85
 DATE SHIPPED: _____ B/L NUMBER: _____

RESULTS OF TESTS

| | | | |
|---------------------------------|------|--|------------|
| CHEMICAL ANALYSIS BY ASTM C-114 | | TIME OF SET (GILMORE) ASTM C-266 | |
| SILICA: | 20.9 | INITIAL SET TIME: MINUTES | 150 |
| ALUMINA: | 4.45 | FINAL SET: MINUTES: | 250 |
| FERRIC OXIDE: | 3.17 | 325 SIEVE, % RETAINED ASTM C-430 | 1.7 |
| MAGNEsia: | 2.5 | WAGNER, SQ/Cm PER GRAM ASTM C-115 | 2231 |
| SULFUR TRIOXIDE: | 2.68 | BLAINE, SQ/Cm PER GRAM ASTM C-204 | 3755 |
| IGNITION LOSS: | 0.9 | AUTOCCLAVE EXPANSION: ASTM C-151 | 0.046 |
| INSOLUBLE RESIDUE: | 0.3 | AIR CONTENT: ASTM C-185 | 9.5 |
| ALKALI AS NA2O EQUIV: | 0.55 | COMPRESSIVE STRENGTHS, PSI, Mpa ASTM C-109 | |
| POTENTIAL COMPOUNDS | | 3 DAY: | 3612 24.9 |
| TRICALCIUM SILICATE: | 54.2 | 7 DAY: | 4592 31.66 |
| TRICALCIUM ALUMINATE: | 6.4 | | |

I hereby certify that the cement referenced herein has been tested in our laboratory with the above results.

QUALITY CONTROL MANAGER
 FRANK W. HOLCOMB

12/19/2002
 6198

Boral
Material
Technologies



BORAL MATERIAL TECHNOLOGIES INC.
75 Canton Office Park
1343 Canton Rd., Suite C
Marietta, Georgia 30086

SUPPLIER'S CERTIFICATION

Boral Fly Ash

This is to certify that the Boral High Performance Fly Ash shipped from Plant Bowen, located near Stilesboro, Georgia, meets or exceeds the following specifications:

American Society for Testing & Materials.....ASTM C-618, Class "F"

American Association of State Highway and
Transportation Officials.....AASHTO M-295, Class "F"

BORAL MATERIAL TECHNOLOGIES INC.

By: Kenneth L Hill

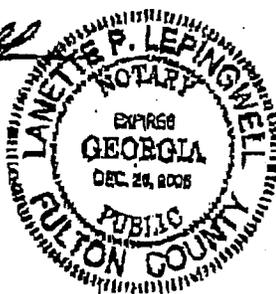
Name: Kenneth L. Hill

Title: Manager, Technical Services-Eastern

Subscribed and sworn to before me this 23rd day of May, 2003.

Lanette P. Lepingwell
Notary Public

BOWEN.CSR



Elmore Sand & Gravel, Inc.
1322 Maron Spillway Road
PO Box 189
Elmore, Alabama 36025
Phone: (334) 285-1805 Fax: (334) 285-1808
Toll Free (877) 248-3335

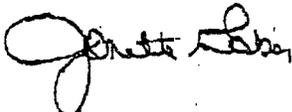
Kirkpatrick Concrete
2000A Southbridge Parkway
Suite 610
Birmingham, Alabama 35209

Dear Mr. Osterlund

This is to certify that our #100 Concrete Sand meets the requirements of ASTM C-33.

Should you need any additional information, please do not hesitate to call.

Sincerely,
Elmore Sand & Gravel, Inc.



Jonette Gober
Quality Control Manager



The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7828 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon WR 91, meets or exceeds with the requirements of C-494, Type A. Eucon WR 91 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7828.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County



The Euclid Chemical Company

19218 REDWOOD ROAD - CLEVELAND, OH 44110
 (216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
 www.euclidchemical.com

EUCON WR 91

ASTM TYPE A - WATER REDUCING ADMIXTURE

CONSTRUCTION PRODUCTS FOR

VOX

A SAFER ENVIRONMENT

EUCON WR 91 is a liquid, water-reducing and plasticizing admixture for concrete. EUCON WR 91 shows improved setting and finishing characteristics when compared to other commonly used type A water reducing admixtures. EUCON WR 91 may be used at a wide range of dosage rates. EUCON WR 91 does not contain calcium chloride or other potential corrosion-enhancing ingredients.

PRIMARY APPLICATIONS

- Flatwork concrete
- General ready mix concrete
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Improves finishability
- Improves workability
- Reduces water requirement
- Reduces segregation
- Improves setting times

Hardened Concrete

- Increases strength at all ages
- Reduces permeability
- Improves finished appearance
- Reduces cracking
- Increases durability
- Non staining
- Compatible with air entraining agents

SPECIFICATIONS / COMPLIANCES

- EUCON WR 91 meets or exceeds the requirements of:
- ASTM C-494, Type A

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with reference concrete (plain mix)

| Test Age | Compressive Strength | Flexural Strength |
|----------|----------------------|-------------------|
| 3 days | 124% | 113% |
| 7 days | 119% | 108% |
| 28 days | 118% | 104% |

Setting Time Change - Initial +20 min.

Final +20 min.

Setting time will vary with dosage rate, mix design and ambient temperatures.

Dosage Rates

EUCON WR 91 is normally used at doses of 2-6 fluid oz per 100 lb (125-375 ml per 100 kg) cement. Dosage recommendations depend on the characteristics of the materials being used in the mix design.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON WR 91 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed with the concrete batch. EUCON WR 91 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PACKAGING

EUCON WR 91 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (209 liter) drums, and 5 gal (18.9 liter) pails.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON WR 91 above freezing, however, freezing and subsequent thawing will not harm the material if thoroughly agitated. Never agitate with air or an air lance.
- Add to mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL: 1-800-321-9222
INTERNATIONAL USERS CALL COLLECT: 1-813-979-4626

TRADE NAME
Euclid WR 91

CHEMICAL NAME
Lignosulfonate

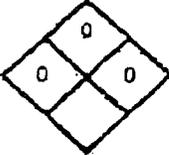
1. INGREDIENTS

| MATERIAL | CAS # | % | ACGIH(TLV) | PEL |
|------------------------|------------|-------|------------|-----|
| Calcium Lignosulfonate | 68131-32-8 | 65-70 | NE | NE |
| Sodium Glucosulfonate | 31137-65-5 | 5-10 | NE | NE |
| Triethanolamine | 102-71-6 | 0-5 | NE | NE |

2. PHYSICAL DATA

| | | | |
|-----------------------------|---|--------------------|--------------------------------|
| APPEARANCE Brown Liquid | ODOR Slightly Ammonia | MELTPOINT NA | SPECIFIC GRAVITY 1.2 ± 0.05 |
| VAPOR DENSITY (AIR=1) NA | %VOLATILE BY WEIGHT NA | BULK DENSITY NA | BOILING POINT NA |
| VAPOR PRESSURE NA | %SOLUBILITY(H ₂ O) Complete | EVAPORATION RATE | PH 6.5-8.5 |

3. FIRE AND EXPLOSION HAZARD DATA

| | |
|---|---|
| FLASH POINT & METHOD None | NFPA FIRE HAZARD IDENTIFICATION SYSTEM  |
| FLAMMABLE LIMITS LEL None UEL None | |
| EXTINGUISHING MEDIA None | |
| SPECIAL FIRE FIGHTING PROCEDURES None | |
| UNUSUAL FIRE AND EXPLOSION HAZARDS Do not allow to dry. Product will act as an oxidizer. | |

4. PHYSIOLOGICAL EFFECTS

| | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| LD50 ORAL (INGESTION) NE | LD50 DERMAL (SKIN CONTACT) NE | LC50 (INHALATION) NE |
| PRIMARY ROUTE OF EXPOSURE Skin | | THRESHOLD LIMIT VALUE (TLV) NE |

EFFECTS OF OVEREXPOSURE

Inhalation: May cause irritation of respiratory tract.
 Eye: Liquid or mist may cause irritation.
 Skin: Liquid or mist may cause irritation.
 Ingestion: May cause G.I. irritation, nausea and cramps. Large amounts may be toxic and cause CNS effects.



THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7628 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air. If illness or irritation occurs, call a Physician or Poison Control Center.
 Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
 Skin: Wash area twice with soap and water. If pain, irritation or burning persists, call a Physician or Poison Control Center.
 Ingestion: Call a Physician or Poison Control Center immediately.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
 Adequate fresh air.

RESPIRATORY
 None

EYE PROTECTION
 Yes

| | |
|---------------------------------------|-------|
| PROTECTIVE GLOVES Yes (rubberized) | OTHER |
|---------------------------------------|-------|

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
 None

INCOMPATIBILITY (MATERIALS TO AVOID)
 Do not mix with other concrete admixtures.

HAZARDOUS DECOMPOSITION PRODUCTS
 May yield nitrogen oxide fumes if heated and burned.

SPECIAL SENSITIVITY
 None known

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
 Keep from freezing. Do not contaminate with other chemicals; otherwise the materials may
 acclimatize and clog equipment.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
 Small spills of up to 2 gallons, soak up with absorbent and dispose of in landfill. Wash
 area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
 Dispose of in accordance with all federal, state, and local laws and regulations.

| | |
|----------------------------------|-----------------------------------|
| PREPARED BY Jim Stark | DATE 07/01/97 |
| TELEPHONE NUMBER 216-531-9222 | SUPERSEDES MSDS DATED 07/01/96 |

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof. Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.



The Euclid Chemical Company 19216 Redwood Road Cleveland, Ohio 44110-2799
216-531-8222 • 800-321-7628 • Fax: 216-531-8596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, AEA-92, meets or exceeds Corps of Engineers Specification CRD C-13, ASTM C-260 and AASHTO M-154. This product contains 441ppm of chloride ions.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County



The Euclid Chemical Company

19218 REDWOOD ROAD • CLEVELAND, OH 44110
 (216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
 www.euclidchemical.com

AEA-92S

AIR ENTRAINING AGENT FOR CONCRETE

CONSTRUCTION PRODUCTS FOR



A SAFER ENVIRONMENT

AEA-92S is formulated for use as an air entraining admixture for concrete of all types and is manufactured under rigid control which assures uniform and precise performance. It should be added to the mix independently and not with other admixtures.

PRIMARY APPLICATIONS

- Ready mix concrete
- Structural concrete
- Mass concrete
- Paving concrete
- All exterior concrete

FEATURES / BENEFITS

- Provides a stable air void system with proper bubble size and spacing. This air void system protects concrete against damage caused by repeated freeze/thaw cycles
- Concrete is made more resistant to de-icing salts, sulfate attack and corrosive water
- Less mixing water can be used per yard (meter) of concrete and placeability is improved
- Minimizes bleeding and segregation of the concrete

SPECIFICATIONS / COMPLIANCES

AEA-92S meets or exceeds the requirements of the following specifications:

- Corps of Engineers Specification CRD-C-13
- ASTM Specification C-260
- AASHTO Specification M-154

TECHNICAL INFORMATION

AEA-92S is an aqueous solution compound of organic chemicals. It is compatible with concrete mixes containing other commonly used Euclid Chemical Company admixtures.

Appearance

AEA-92S is an amber colored material which, when added to concrete does not change the concrete's natural appearance.

PACKAGING

AEA-92S is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

DIRECTIONS FOR USE

1/2 to 2 oz of AEA-92S/100 lb (30-120 ml of AEA-92S/100 kg) of cement will generally entrain 3% - 6% air in concrete. This amount will vary depending on type of cement, fineness of sand, addition of fly ash, temperature, design of the mix, etc. Concrete mixes must be tested regularly to confirm that the proper air content is achieved.

PRECAUTIONS / LIMITATIONS

- Consult your local Euclid Chemical representative for the proper dosage rate adjustments when using fly ash, slag or high range water reducers.
- Add to the mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL 1-800-355-3924
INTERNATIONAL USERS CALL COLLECT: 1-813-979-0626

TRADE NAME
AEA-92S

CHEMICAL NAME

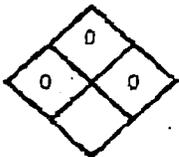
1. INGREDIENTS

| MATERIAL | CAS # | % | ACGIH(TLV) | PEL |
|---|-------|---|------------|-----|
| No ingredients identified by OSHA as hazardous are known to be present, or the ingredients present are below levels specified as hazardous by OSHA. | | | | |

2. PHYSICAL DATA

| | | | |
|-----------------------------------|--------------------------------------|--------------------|-------------------------------|
| APPEARANCE Light Yellow Liquid | ODOR None | MELTPOINT None | SPECIFIC GRAVITY 1.00-1.15 |
| VAPOR DENSITY (AIR=1) NA | %VOLATILE BY WEIGHT Varies | BULK DENSITY NA | BOILING POINT None |
| VAPOR PRESSURE NA | %SOLUBILITY(H ₂ O) 100 | EVAPORATION RATE | PH 9.5-11.5 |

3. FIRE AND EXPLOSION HAZARD DATA

| | |
|--|---|
| FLASH POINT & METHOD None | NFPA FIRE HAZARD IDENTIFICATION SYSTEM  |
| FLAMMABLE LIMITS LEL None UEL None | |
| EXTINGUISHING MEDIA None | |
| SPECIAL FIRE FIGHTING PROCEDURES None | |
| UNUSUAL FIRE AND EXPLOSION HAZARDS None | |

4. PHYSIOLOGICAL EFFECTS

| | | |
|--|----------------------------------|-----------------------------------|
| LD50 ORAL (INGESTION) NE | LD50 DERMAL (SKIN CONTACT) NE | LC50 (INHALATION) NE |
| PRIMARY ROUTE OF EXPOSURE Skin or Eye | | THRESHOLD LIMIT VALUE (TLV) NE |
| EFFECTS OF OVEREXPOSURE | | |
| Inhalation: No information found to suggest any toxicity. Eye: No information found to suggest any toxicity. Skin: No information found to suggest any toxicity. Ingestion: No information found to suggest any toxicity. | | |



THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7828 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air.
 Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
 Skin: Wash area twice with soap and water. If pain, irritation or burning persists, seek medical attention.
 Ingestion: Administer milk or water. DO NOT induce vomiting. Call a Physician or Poison Control Center immediately. DO NOT give anything orally to an unconscious person.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
 Use with adequate ventilation.

RESPIRATORY
 None required

EYE PROTECTION
 Yes

| | |
|---------------------------------------|-------|
| PROTECTIVE GLOVES Yes (rubberized) | OTHER |
|---------------------------------------|-------|

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
 None known

INCOMPATIBILITY (MATERIALS TO AVOID)
 None known

HAZARDOUS DECOMPOSITION PRODUCTS
 Not determined

SPECIAL SENSITIVITY
 None

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
 Prevent leaks or spills. Floors may become slippery and hazardous.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
 Small spills of up to 2 gallons soak up with absorbent and dispose of in landfill. Wash area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
 Dispose of in accordance with all federal, state, and local laws and regulations.

| | |
|----------------------------------|----------------------------------|
| PREPARED BY Jim Slerk | DATE 10/20/99 |
| TELEPHONE NUMBER 216-531-9222 | SUPERSEDES MSDS DATE 10/20/99 |

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof. Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.



The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799

216-531-9222 • 800-321-7628 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon Retarder 75, meets or exceeds the requirements of ASTM C-494, Type D and AASHTO 194. Retarder 75 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Service/Product Support

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County



The Euclid Chemical Company

19218 REDWOOD ROAD - CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

EUCON RETARDER 75

◆ ◆ ◆ ◆ ◆
**CONCRETE WATER REDUCER
SET CONTROLLING RETARDER**

CONSTRUCTION PRODUCTS FOR



A SAFER ENVIRONMENT

EUCON RETARDER 75 is a synthetically produced liquid water-reducing and set retarding admixture for concrete. It is a modified organic polymer of sodium glucoheptonate. EUCON RETARDER 75 does not contain calcium chloride or other potential corroding materials, and may be used in the presence of aluminum or zinc metals.

It is compatible with air-entraining agents, waterproofers and calcium chloride, but they must be added separately to the mix.

PRIMARY APPLICATIONS

- Prestressed concrete
- Concrete requiring water reducing and set time control
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Controls rate of set
- Improves finishability
- Improves workability
- Reduces water requirements
- Reduces segregation

Hardened Concrete

- Increases strengths
- Improves finished appearance
- Reduces cracking
- Reduces permeability
- Non staining

SPECIFICATIONS / COMPLIANCES

EUCON RETARDER 75 meets or exceeds the requirements of:

- ASTM C-494, Type D.

PACKAGING

EUCON RETARDER 75 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with Reference Concrete (Plain Mix)

| Test Date | Compressive Strength | Flexural Strength |
|-----------|----------------------|-------------------|
| 3 days | 123% | 100.4% |
| 7 days | 112% | 100.4% |
| 28 days | 111% | 101.7% |
| 1 year | 113% | --- |

Setting Time Change-Initial +2 hr 24 min
Final +3 hr 3 min

Relative Durability Factor: 96.7%

Dosage Rates

| Air or Concrete Temperature | Dosage per 100 lb (100 kg) Cement |
|-----------------------------|-----------------------------------|
| 40°-69°F (4°-21°C) | 2 oz (125 ml) min. |
| 70°-79°F (21°-26°C) | 3 oz (190 ml) |
| 80°-89°F (27°-32°C) | 4 oz (250 ml) |
| 90°F + (32°C) | 5 oz (315 ml) max.* |

*For higher dosage rates, contact The Euclid Chemical Company for recommendations.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON RETARDER 75 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed in the concrete batch. EUCON RETARDER 75 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON RETARDER 75 above freezing; however, freezing and subsequent thawing will not harm the material if thoroughly agitated.
- Add to mix independent of other admixtures.



OSHA 174-201-01-0001
May be used to comply with
OSHA's Hazard Communication Standard,
29 CFR 1910.1200. Standard must be
consulted for specific requirements.

Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

IDENTITY (As Used on Label and List)
READY MIXED CONCRETE

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

| | |
|--|---|
| Manufacturer's Name Kirkpatrick Concrete | Emergency Telephone Number 205-323-8327 |
| Address (Number, Street, City, State, and ZIP Code) 2909 3rd ave north Bham AL 35203 | Telephone Number for Information 205-323-8327 |
| | Date Prepared 2-17-95 |
| | Signature of Preparer (optional) |

Section II - Hazardous Ingredients/Identity Information

| Hazardous Components (Specific Chemical Identity; Common Name(s)) | OSHA PEL NA | ACGIH TLV NA | Other Limits Recommended | % (optional) |
|---|-------------|--------------|--------------------------|--------------|
| Mixtures of Portland or blended cements, concrete aggregates and chemical admixtures | | | | |
| Portland and Blended Cements | | | | |
| 3CaO-SiO2 (CAS #12168-85-3) | | | | |
| 2CaO-SiO2 (CAS # 10034-77-2) | | | | |
| 3CaO-Al2O2 (CAS # 23042-78-3) | | | | |
| 4CaO-Al2O3-Fe2O3 (CAS # 12068-35-8) | | | | |
| CaSO4-2H2O (CAS # 7778-18-9) | | | | |
| plus traces of CaO, MgO, K2SO4, and Na2SO4 | | | | |
| Other ingredients, Concrete Aggregates, Inert gravel, sand and rocks | | | | |
| Admixtures, May include fly ash, granulated slag and very small amounts of organic and inorganic materials which have no effect on the hazards associated with the use of the product. | | | | |

Section III - Physical/Chemical Characteristics

| | | | |
|-------------------------|---|--------------------------------------|----|
| Boiling Point | | Specific Gravity (H2O = 1) | NA |
| Vapor Pressure (mm Hg.) | NA | Melting Point | NA |
| Vapor Density (AIR = 1) | NA | Evaporation Rate (Butyl Acetate = 1) | NA |
| Solubility in Water | slight (0.01 to 1%) | | |
| Appearance and Odor | Gray, elastic, flowable, granular and odorless | | |

Section IV - Fire and Explosion Hazard Data

| | | | | | |
|------------------------------------|------|------------------|----|-----|-----|
| Flash Point (Method Used) | NA | Flammable Limits | NA | LEL | UEL |
| Extinguishing Media | NA | | | NA | NA |
| Special Fire Fighting Procedures | NA | | | | |
| Unusual Fire and Explosion Hazards | NONE | | | | |

| | | |
|--------|----|--|
| Stable | X. | However product stiffens and hardens in 2 to 8 hours |
|--------|----|--|

Incompatibility (Materials to Avoid) None

Hazardous Decomposition or Byproducts None

| | | |
|--------------------------|----------------|--------------------|
| Hazardous Polymerization | May Occur | Conditions Covered |
| | Will Not Occur | |

Section VI — Health Hazard Data

Route(s) of Entry: Inhalation? No Skin? Ingestion? No

Health Hazards (Acute and Chronic) Acute—wet plastic, unhardened concrete, can dry the skin and cause alkali burns (cement dermatitis) Chronic—Hypersensitive individuals

may develop an allergic dermatitis. Cement may contain trace amounts of chromium
 Carcinogenicity: NTP? NO IARC Monographs? NO OSHA Regulated? NO

Signs and Symptoms of Exposure Irritation of skin and burning sensation particularly when exposure is in an area of skin previously subjected to abrasion or irritation.

Medical Conditions Generally Aggravated by Exposure None known

Emergency and First Aid Procedures Irrigate eyes with water, wash exposed areas of the body with soap and water.

Section VII — Precautions for Safe Handling and Use
 Steps to Be Taken in Case Material is Released or Spilled spill does not increase hazard

Waste Disposal Method material can be retained until it hardens when it can be disposed of as common waste.

Precautions to Be Taken in Handling and Storing Use barrier creams, gloves, boots and clothing protect the skin from prolonged contact with plastic concrete. Eye protection not required
 Other Precautions Precautions must be observed because cement burns occur with

Section VIII — Control Measures

Respiratory Protection (Specify Type) not required

| | | |
|-------------|----------------------|---------|
| Ventilation | Local Exhaust | Special |
| | Mechanical (General) | Other |

Protective Gloves See VII Eye Protection See VII

Other Protective Clothing or Equipment See VII

Sanitary/Hygiene Practices See VII



W. R. MEADOWS.

SEALTIGHT

CSI Code: 03050

No. 373

NOVEMBER 2003
(Supersedes October 2002)**1600-WHITE SERIES****Water-Base, Wax-Base Concrete Curing Compounds****DESCRIPTION**

The 1600-WHITE SERIES, Water-Base, White-Pigmented Concrete Curing Compounds are wax-base dispersions, with selected white pigments. When properly applied, they provide an impermeable film, which optimizes water retention. The white pigment reflects the sun's rays to help keep the concrete surface cooler and prevent excessive heat build-up.

The 1600-WHITE SERIES meets maximum VOC content limits of 350 g/L for Concrete Curing Compounds as required by the U.S. EPA Architectural Coatings Rule. The 1600-WHITE SERIES Concrete Curing Compounds have a substantially lower Volatile Organic Compound (VOC) content than the 350 grams per liter allowed by the above noted rule.

USES

The 1600-WHITE SERIES is ideal for application on exterior, horizontal surfaces such as highways, airports, street and curb paving — for excellent curing when protection from the sun's heat is desired.

PHYSICAL PROPERTIES

DRYING TIME: Depends on weather conditions and coverage, but will generally dry in 1 hour.

Restrict foot traffic for at least 4 hours.

FLASH POINT: Greater than 212°F (100°C).

COVERAGE

Approximately 200 sq. ft./gal. (4.91 sq. m/L).

PACKAGING

5 gallon (18.93 liter) Pails

55 gallon (208.20 liter) Drums

SPECIFICATIONS

- ASTM C 309, Type 2, Class A
- AASHTO M 148, Type 2, Class A
- FAA Spec. Item P-610-2.11 (e)

FEATURES AND BENEFITS

- When properly applied, it provides an impermeable film, which optimizes water retention
- Protects by reflecting the sun's rays to keep the concrete surface cooler and prevent excessive heat build-up, which can cause thermal cracking
- Furnished as a ready-to-use, true water-base compound
- Produces hard, dense concrete... minimizes hair-checking, thermal cracking, dusting and other defects
- Enhances the functional capabilities of concrete by "sealing-in" the performance assets of strength and long-life
- Offers a compressive strength significantly greater than improperly cured concrete
- Increases tensile strength for greater resistance to cracking and surface crazing
- Improves resistance to abrasion and corrosive action of salts and chemicals...minimizes shrinkage
- Applies quickly and easily with conventional, commercial spray equipment
- VOC compliant...actual VOC content is less than 100 g/L

*CONTINUED ON REVERSE SIDE...***W.R. MEADOWS, INC.**

P.O. Box 338 • HAMPSHIRE, IL 60140-0338

Phone: 847/214-2100 • Fax: 847/683-4544

1-800-342-5976

www.wrmeadows.com

HAMPSHIRE, IL / CARTERSVILLE, GA
YORK, PA / FORT WORTH, TX / BENICIA, CA
POMONA, CA / GOODYEAR, AZ / MILTON, ONT.

Application Tools



Manual
Sprayer



Power
Sprayer



Paving
Train

APPLICATION

Preparation. Application equipment must be clean and free of any previously used materials.

Mixing. Any settling or separation in the container must be re-dispersed with gentle agitation prior to use. CAUTION: DO NOT MIX EXCESSIVELY.

Application Method. Spray on in one even coat with a hand or power sprayer as soon as the surface water disappears from horizontal concrete surfaces. On vertical surfaces, spray promptly after forms are removed. Use a Chapin 8005 (or equivalent) spray tip that produces a flow of 1/2 gallon (1.89 liters) per minute under 40 psi (.276 MPa) of pressure.

Clean up. Prior to drying, equipment may be easily cleaned with soap and water. Once dried, use mineral spirits or other suitable petroleum distillate.

PRECAUTIONS

KEEP FROM FREEZING. Do not apply when the temperature of the concrete is less than 40°F (4°C). DO NOT MIX WITH COMPOUNDS CONTAINING SOLVENT-SEPARATION WILL OCCUR. DO NOT ADD OR DILUTE WITH ANY OTHER COMPOUND. Do not use on surfaces that are later to be painted, tiled, hardened, sealed or treated in any manner. Do not use on patios, sidewalks or other areas where there is typically no wheel traffic to abrade the white film surface. Not recommended for use on residential driveways.

HEALTH HAZARDS

Direct contact may result in mild irritation. Refer to the Material Safety Data Sheet for complete health and safety information.

FOR THE MOST CURRENT PRODUCT INFORMATION, VISIT OUR WEBSITE:

www.wrmeadows.com



LIMITED WARRANTY

"W.R. MEADOWS, INC. warrants at the time and place we make shipment, our material will be of good quality and will conform with our published specifications in force on the date of acceptance of the order. Read complete warranty." Copy furnished upon request.

Disclaimer

The information contained herein is included for illustrative purposes only, and to the best of our knowledge, is accurate and reliable. W.R. MEADOWS, INC. cannot however under any circumstances make any guarantee of results or assume any obligation or liability in connection with the use of this information. As W.R. MEADOWS, INC. has no control over the use to which others may put its product, it is recommended that the products be tested to determine if suitable for specific application and/or our information is valid in a particular circumstance. Responsibility remains with the architect or engineer, contractor and owner for the design, application and proper installation of each product. Specifier and user shall determine the suitability of products for specific application and assume all responsibilities in connection therewith.

Chemical/Environmental Resistance

XR-5® Fluid Resistance Guidelines

The data below is the result of laboratory tests and is intended to serve only as a guide. No performance warranty is intended or implied. The degree of chemical attack on any material is governed by the conditions under which it is exposed. Exposure time, temperature, and size of the area of exposure usually varies considerably in application, therefore, this table is given and accepted at the user's risk. Confirmation of the validity and suitability in specific cases should be obtained.

When considering XR-5 for specific applications, it is suggested that a sample be tested in actual service before specification. Where impractical, tests should be devised which simulate actual service conditions as closely as possible.

| EXPOSURE | RATING | EXPOSURE | RATING |
|------------------------------------|--------|---------------------------|--------|
| AFFF | A | JP-4 Jet Fuel | A |
| Acetic Acid (5%) | B | JP-5 Jet Fuel | A |
| Acetic Acid (50%) | C | JP-8 Jet Fuel | A |
| Ammonium Phosphate | T | Kerosene | A |
| Ammonium Sulfate | T | Magnesium Chloride | T |
| Antifreeze (ethylene glycol) | A | Magnesium Hydroxide | T |
| Animal Oil | A | Methanol | A |
| Aqua Regia | X | Methyl Alcohol | A |
| ASTM Fuel A (100% Iso-octane) | A | Methyl Ethyl Ketone | X |
| ASTM Oil #2 (Flash pt. 240° C) | A | Mineral Spirits | A |
| ASTM Oil #3 | A | Naphtha | A |
| Benzene | X | Nitric Acid (5%) | B |
| Calcium Chloride Solutions | T | Nitric Acid (50%) | C |
| Calcium Hydroxide | T | Perchloroethylene | C |
| 20% Chlorine Solution | A | Phenol | X |
| Clorox | A | Phenol Formaldehyde | B |
| Conc. Ammonium Hydroxide | A | Phosphoric Acid (50%) | A |
| Corn Oil | A | Phosphoric Acid (100%) | C |
| Crude Oil | A | Phthalate Plasticizer | C |
| Diesel Fuel | A | Potassium Chloride | T |
| Ethanol | A | Potassium Sulphate | T |
| Ethyl Acetate | C | Raw Linseed Oil | A |
| Ethyl Alcohol | A | SAE-30 Oil | A |
| Fertilizer Solution | A | Salt Water (25%) | B |
| #2 Fuel Oil | A | Sea Water | A |
| #6 Fuel Oil | A | Sodium Acetate Solutions | T |
| Furfural | X | Sodium Bisulfite Solution | T |
| Gasoline | B | Sodium Hydroxide (60%) | A |
| Glycerin | A | Sodium Phosphate | T |
| Hydraulic Fluid- Petroleum Based | A | Sulphuric Acid (50%) | A |
| Hydraulic Fluid- Phosphate | | 50% Tartaric Acid | A |
| Ester Based | C | Toluene | C |
| Hydrocarbon Type II (40% Aromatic) | C | Transformer Oil | A |
| Hydrochloric Acid (50%) | A | Turpentine | A |
| Hydrofluoric Acid (5%) | A | Urea Formaldehyde | A |
| Hydrofluoric Acid (50%) | A | UAN | A |
| Hydrofluosilicic Acid (30%) | A | Vegetable Oil | A |
| Isopropyl Alcohol | T | Water (200°F) | A |
| Ivory Soap | A | Xylene | X |
| Jet A | A | Zinc Chloride | T |

Ratings are based on visual and physical examination of samples after removal from the test chemical after the samples of Black XR-5 were immersed for 28 days at room temperature. Results represent ability of material to retain its performance properties when in contact with the indicated chemical.

Rating Key:

- A - Fluid has little or no effect
- B - Fluid has minor to moderate effect
- C - Fluid has severe effect
- T - No data- likely to be acceptable
- X - No data- not likely to be acceptable



RUBBER EXPANSION JOINT MATERIAL
 Meets or exceeds the performance requirements of ASTM D1751-97 & D1752-84
 Manufactured by
THE J D RUSSELL COMPANY

CONCRETE JOINT FILLER

REFLEX® is made of 100% recycled materials – largely discarded tires!

Did you know America discards over 250,000,000 tires every year? An estimated 3 billion tires clutter our dumps and yards! Why not specify a better performer, REFLEX®, and make the choice to help our environment?

Use REFLEX® on your next single family residence project and consume the equivalent of 8.3 passenger tires. As many as 300 tires can be recycled in just one mile of highway including associated drives, approaches, sidewalks and ramps.

GENERAL DESCRIPTION

REFLEX® Rubber Expansion Joint Material for Concrete is a processed board product formed by blending granular crumb rubber derived from discarded tires and various low density polymer components. Pre-molded under heat and pressure, REFLEX® is far more durable than current alternatives.

TYPICAL PROPERTIES

| | |
|---|------------------------|
| Compression (to 50% of original) | passes |
| Recovery (within 10 minutes) | 99-100% |
| Extrusion | <0.10 inch |
| Density | 40 lbs/ft ³ |
| Water absorption | <2% |
| Ultraviolet light exposure | passes |
| Cold temperature exposure | passed@-80degreesF |

REFLEX RUBBER

APPLICATIONS

REFLEX® Rubber Expansion Joint Material is suitable for use as expansion or control joint in a wide variety of concrete construction projects such as roadways, sidewalks, driveways, flooring, parking lots, patios and curbs.

Submersion in salt solution, gasoline, diesel and motor oil resulted in no change in volume while mass increased indicating absorption of the fluids. No cracking or mechanical degradation occurred.

Durability: Exhibits favorable long term aging characteristics under laboratory testing conditions and will not degrade.

SIZE AND THICKNESSES

Standard Sheet Sizes – 36" wide by 5', 10' and 12' long in thicknesses of 1/4", 3/8", 1/2" 3/4" and 1". Cut to size strips from 2" to 36" in 1/2" increments.

Non-Staining: Will not bleed or migrate to adjacent finished concrete surfaces like petroleum based products can do.

SPECIFICATION STANDARDS: REFLEX® Rubber Expansion Joint meets or exceeds the performance requirements of:

American Association of State Highway and Transportation Officials Specification M-213-95 and M-153-98.

Federal Specification HH-F-341f, Type 1.

American Society for Testing Materials Standard Specifications for Preformed Expansion Joint Fillers for Concrete Paving and Structural Construction D1751-97 and D1752-84 (1996).

PUT AN END TO TIRE HEAPS



Reflex



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www.jdrussellco.com



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CONSTRUCTION PRODUCTS: [\[Conflex\]](#) [\[Homex 300\]](#) [\[Reflex\]](#) [\[Asphalt D-994\]](#) [\[Neoprene & Foam\]](#) [\[Cork\]](#)
[\[Anchor Bolts\]](#) [\[Bar Ties & Tie Wire\]](#) [\[Masonry Wall Ties\]](#) [\[Metal Screed Joint\]](#) [\[Nail Stakes & Form Pins\]](#)
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Wire mesh

Certificate of Inspection and compliance
C.E. Shepherd Company, L.P.
Houston, TX. U.S.A.

Work Order#: 218167

Customer: TAYLOR CORPORATION

Customer Purchase Order #: TOMMY Date:
8/3/04

We certify that the material or parts supplied by us on the above referenced purchase order conforms fully to the specifications stipulated in the order. Compliance for quality assurance has been determined by testing and inspection in accordance with the required specifications, and results conform to applicable acceptance criteria.

X: *Randy White* Date: 8/3/04

C.E. SHEPHERD Co., L.P. Representation

SHERMAN WIRE OF CALDWELL, INC.
P O BOX 879 CALDWELL, TX 77836, 979-567-7916

CERTIFIED TEST REPORT

| CUSTOMER: C.E. Shepherd | | | | DATE: | | | |
|--------------------------------|------------|----------|-------------|---------------------|---------|----------------|-------------|
| P.O. NUMBER: 701328 | | | | B L NO: | | | |
| DESCRIPTION: 12 c/s | | | | ANNEAL BATCH NO: | | | |
| ROD GRADE: c-1008 | | | | ROD TENSILE: | | | |
| SPECIFICATIONS: a-641 | | | | BRITE WIRE TENSILE: | | | |
| TAG NUMBER | WEIGHT LBS | SIZE IN. | BRK STR LBS | TENSILE PSI | ELONG % | CTG WGT OZ/FT2 | HEAT NUMBER |
| MINIMUM | | | | | | | |
| NOMINAL | | | | | | | |
| MAXIMUM | | | | | | | |
| 1 | 889102 | 970 | 0.104 | 79,311 | | 1 | 22180 |
| 2 | 889148 | 950 | 0.104 | 75,665 | | 0.98 | 22180 |
| 3 | 889147 | 1,054 | 0.104 | 75,113 | | 0.95 | 22180 |
| 4 | 889146 | 921 | 0.104 | 75,322 | | 0.94 | 22180 |
| 5 | 889099 | 1,250 | 0.105 | 83,968 | | 0.92 | 22180 |
| 6 | 889127 | 831 | 0.105 | 75,914 | | 0.81 | 22499 |
| 7 | 889128 | 1,079 | 0.104 | 75,638 | | 0.82 | 22499 |
| 8 | 889105 | 1,038 | 0.104 | 75,811 | | 0.94 | 22499 |
| 9 | 889106 | 1,110 | 0.104 | 75,399 | | 0.9 | 22499 |
| 10 | 889107 | 1,056 | 0.105 | 75,759 | | 0.87 | 22499 |
| 11 | 889108 | 1,031 | 0.105 | 75,874 | | 1 | 22499 |
| 12 | 889026 | 918 | 0.106 | 75,809 | | 0.81 | 22618 |
| 13 | 889023 | 912 | 0.105 | 89,561 | | 0.81 | 22618 |
| 14 | 889025 | 1,041 | 0.105 | 75,111 | | 1 | 22618 |
| 15 | 889053 | 1,047 | 0.104 | 75,555 | | 1 | 22180 |
| 16 | 889056 | 925 | 0.104 | 75,431 | | 0.98 | 22180 |
| 17 | 889052 | 857 | 0.104 | 75,661 | | 0.98 | 22180 |
| 18 | 889058 | 913 | 0.104 | 89,592 | | 1 | 22618 |
| 19 | 889075 | 734 | 0.105 | 76,345 | | 1.1 | 22618 |
| 20 | 889073 | 852 | 0.105 | 75,145 | | 0.96 | 22618 |
| 21 | 889074 | 851 | 0.105 | 75,795 | | 0.81 | 22618 |
| 22 | 889086 | 1,058 | 0.106 | 78,989 | | 0.91 | 22618 |
| 23 | 889087 | 917 | 0.105 | 75,227 | | 1 | 22618 |
| 24 | 889104 | 670 | 0.104 | 75,665 | | 0.96 | 22180 |
| 25 | 889101 | 990 | 0.104 | 75,665 | | 0.98 | 22180 |
| 26 | 889100 | 997 | 0.104 | 75,421 | | 0.95 | 22180 |
| 27 | 889130 | 1,049 | 0.105 | 75,604 | | 0.8 | 22499 |
| 28 | 889129 | 1,102 | 0.106 | 75,936 | | 0.94 | 22499 |
| 29 | 889061 | 906 | 0.106 | 89,661 | | 1.1 | 22618 |
| 30 | 889060 | 830 | 0.106 | 85,902 | | 1 | 22618 |
| 31 | 889057 | 774 | 0.105 | 75,455 | | 0.84 | 22618 |
| 32 | 888988 | 986 | 0.105 | 89,284 | | 1.1 | 22618 |
| 33 | 889054 | 874 | 0.104 | 75,423 | | 0.98 | 22180 |
| 34 | 889055 | 1,041 | 0.104 | 75,231 | | 0.96 | 22180 |
| 35 | 888942 | 868 | 0.104 | 75,518 | | 0.98 | 22618 |
| 36 | 888938 | 875 | 0.104 | 75,333 | | 0.96 | 22180 |
| 37 | 888989 | 816 | 0.104 | 78,172 | | 1 | 22618 |
| 38 | 889016 | 883 | 0.106 | 90,761 | | 0.96 | 22618 |
| 39 | 889003 | 986 | 0.104 | 76,053 | | 0.91 | 22618 |
| 40 | 888981 | 889 | 0.104 | 75,445 | | 0.95 | 22180 |

TOTAL WT 37,851

We hereby certify that the above test results are representative of those contained in the records of the company and were obtained using methods consistent with the requirements of applicable specifications. The above products are manufactured in the U.S.A. from rod melted and manufactured in the U.S.A.

Certified by: Dana Mandey

**Monsanto - 11th Street Ditch Response Action Project
Concrete Testing**

| Date: | Ticket #: | Specimen #: | Days: | %: | Strength: |
|--------------|--------------------|--------------------|--------------|-----------|------------------|
| 08/23/04 | 1705/795341 | C06451-0001A | 7 | 102 | 4,068.00 |
| 08/23/04 | 1705/795341 | C06451-0001B | 28 | 128 | 5,129.00 |
| 08/23/04 | 1705/795341 | C06451-0001C | 28 | 129 | 5,164.00 |
| 08/23/04 | 1705/795345 | C06452-0002A | 7 | 97 | 3,891.00 |
| 08/23/04 | 1705/795345 | C06452-0002B | 28 | 124 | 4,952.00 |
| 08/23/04 | 1705/795345 | C06452-0002C | 28 | 123 | 4,917.00 |
| 08/24/04 | 1599/795359/100535 | C06453-0003A | 7 | 111 | 4,457.00 |
| 08/24/04 | 1599/795359/100535 | C06453-0003B | 28 | 124 | 4,952.00 |
| 08/24/04 | 1599/795359/100535 | C06453-0003C | 28 | 125 | 4,988.00 |
| 09/03/04 | 599/795437 | C06474-0004A | 7 | 113 | 4,528.00 |
| 09/03/04 | 599/795437 | C06474-0004B | 28 | 142 | 5,660.00 |
| 09/09/04 | 1705/795449 | C06481-0005A | 7 | 103 | 4,103.00 |
| 09/09/04 | 1705/795449 | C06481-0005B | 28 | 112 | 4,492.00 |
| 09/10/04 | N/A | C06489-0006A | 7 | 80 | 3,184.00 |
| 09/10/04 | N/A | C06489-0006B | 28 | 119 | 4,775.00 |
| 09/13/04 | 1597/795472 | C06501-0007A | 7 | 97 | 3,891.00 |
| 09/13/04 | 1597/795472 | C06501-0007B | 28 | 119 | 4,775.00 |
| 09/20/04 | 1597/827245 | C06509-0008A | 7 | 99 | 3,962.00 |
| 09/20/04 | 1597/827245 | C06509-0008B | 28 | 124 | 4,952.00 |
| 09/28/04 | 1597/827315 | C06524-0009A | 7 | 84 | 3,360.00 |
| 09/28/04 | 1597/827315 | C06524-0009B | 28 | 106 | 4,245.00 |
| 10/04/04 | 1597/827352 | C06542-0010A | 7 | 71 | 2,830.00 |
| 10/04/04 | 1597/827352 | C06542-0010B | 28 | 107 | 4,280.00 |
| 10/12/04 | 1597/827402 | C06575-0011A | 7 | 74 | 2,971.00 |
| 10/12/04 | 1597/827402 | C06575-0011B | 28 | 104 | 4,174.00 |
| 10/18/04 | 1597/827461 | C06613-0012A | 7 | 102 | 4,068.00 |
| 10/18/04 | 1597/827461 | C06613-0012B | 28 | 111 | 4,422.00 |
| 10/21/04 | 1705/827476 | C06615-0013A | 7 | 71 | 2,830.00 |
| 10/21/04 | 1705/827476 | C06615-0013B | 28 | 88 | 3,537.00 |
| 10/21/04 | 1705/827476 | C06615-0013C | 56 | 107 | 4,280.00 |
| 10/22/04 | 1705/827488 | C06617-0014A | 7 | 75 | 3,007.00 |
| 10/22/04 | 1705/827488 | C06617-0014B | 28 | 103 | 4,103.00 |
| 10/25/04 | 1364/827508 | C06625-0015A | 7 | 66 | 2,653.00 |
| 10/25/04 | 1364/827508 | C06625-0015B | 28 | 85 | 3,396.00 |
| 10/25/04 | 1364/827508 | C06625-0015C | 56 | 87 | 3,467.00 |
| 10/26/04 | 1705/827520 | C06626-0016A | 7 | 73 | 2,936.00 |
| 10/26/04 | 1705/827520 | C06626-0016B | 28 | 80 | 3,184.00 |
| 10/26/04 | 1705/827520 | C06626-0016C | 56 | 82 | 3,290.00 |
| 10/27/04 | 1364/827535 | C06633-0017A | 7 | 53 | 2,122.00 |
| 10/27/04 | 1364/827535 | C06633-0017B | 14 | 71 | 2,830.00 |

**Monsanto - 11th Street Ditch Response Action Project
Concrete Testing**

| | | | | | |
|----------|-------------|--------------|----|-----|----------|
| 10/27/04 | 1364/827535 | C06633-017C | 28 | 91 | 3,643.00 |
| 10/29/04 | 1599/827579 | C06645-0018A | 7 | 57 | 2,299.00 |
| 10/29/04 | 1599/827579 | C06645-0018B | 14 | 69 | 2,759.00 |
| 10/29/04 | 1599/827579 | C06645-0018C | 28 | 75 | 3,007.00 |
| 11/08/04 | 1703/795553 | C06659-0019A | 7 | 104 | 4,174.00 |
| 11/08/04 | 1703/795553 | C06659-0019B | 28 | 125 | 4,988.00 |
| 11/10/04 | 1703/827606 | C06664-0020A | 7 | 102 | 4,068.00 |
| 11/10/04 | 1703/827606 | C06664-0020B | 28 | 126 | 5,023.00 |
| 11/15/04 | 827645/1364 | C06675-0021A | 7 | 66 | 2,653.00 |
| 11/15/04 | 827645/1364 | C06675-0021B | 28 | 127 | 5,094.00 |
| 11/16/04 | 1165/827652 | C06683-0022A | 7 | 66 | 2,653.00 |
| 11/16/04 | 1165/827652 | C06683-0022B | 28 | 109 | 4,351.00 |
| 11/17/04 | 1599/827665 | C06693-0023A | 7 | 88 | 3,537.00 |
| 11/17/04 | 1599/827665 | C06693-0023B | 28 | 113 | 4,528.00 |
| 11/18/04 | 1703/827680 | C06694-0024A | 7 | 117 | 4,669.00 |
| 11/18/04 | 1703/827680 | C06694-0024B | 28 | 134 | 5,377.00 |
| 11/19/04 | 1597/827694 | C06702-0025A | 7 | 108 | 4,316.00 |
| 11/19/04 | 1597/827694 | C06702-0025B | 28 | 131 | 5,235.00 |

| Panel #: | Station #: | Average PSI of 3 Cores: |
|----------|------------|-------------------------|
| #1 | 19+95 | 4,285.00 |
| | 20+05 | |
| | 20+30 | |
| #2 | 18+50 | 3,351.00 |
| | 18+30 | |
| | 18+10 | |
| #3 | 10+80 | 6,266.00 |
| | 10+40 | |
| | 9+90 | |

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL C-2

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/795341

Batch time: 7:54 AM

Time In Mixer: 48 MINUTES

Mix No. : 994013

Concrete Temp: 91 DEGREES

Weather: CLOUDY 80 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Sample Date: 08/23/2004

Set No. : 1 of 4 specimen(s)

Slump: .5"

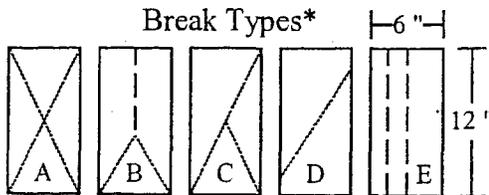
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 24 GALLONS

Batch Size: 8 OF 24 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06451-0001A | 7 | 08/30/2004 | 115,000 | 28.27 | 4,068 | 102 | A |
| C06451-0001B | 28 | 09/20/2004 | 145,000 | 28.27 | 5,129 | 128 | A |
| C06451-0001C | 28 | 09/20/2004 | 146,000 | 28.27 | 5,164 | 129 | A |
| C06451-0001D | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL C-2

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/795345

Batch time: 10:00 AM

Time In Mixer: 60 MINUTES

Mix No. : 994013

Concrete Temp: 91 DEGREES

Weather: CLOUDY 84 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Sample Date: 08/23/2004

Set No. : 2 of 4 specimen(s)

Slump: 3"

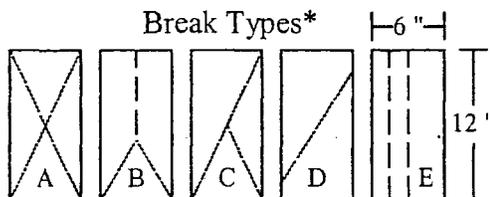
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 15 GALLONS

Batch Size: 24 OF 24 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06452-0002A | 7 | 08/30/2004 | 110,000 | 28.27 | 3,891 | 97 | A |
| C06452-0002B | 28 | 09/20/2004 | 140,000 | 28.27 | 4,952 | 124 | A |
| C06452-0002C | 28 | 09/20/2004 | 139,000 | 28.27 | 4,917 | 123 | A |
| C06452-0002D | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: C-SECTION 4 + 25

Sampled By: GALLET-TCHEATWOOD

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1599/795359/100535

Batch time: 9:25 AM

Time In Mixer: N/A

Mix No. : 994013

Concrete Temp: 94 DEGREES

Weather: CLOUDY 84 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 8/25/04.

Sample Date: 08/24/2004

Set No. : 1 of 4 specimen(s)

Slump: 1.0"

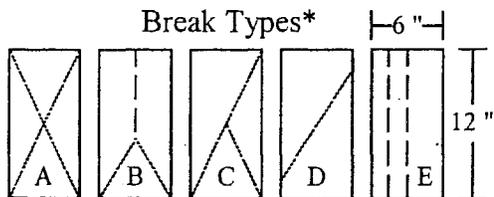
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 8 OF 40 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06453-0003A | 7 | 08/31/2004 | 126,000 | 28.27 | 4,457 | 111 | A |
| C06453-0003B | 28 | 09/21/2004 | 140,000 | 28.27 | 4,952 | 124 | A |
| C06453-0003C | 28 | 09/21/2004 | 141,000 | 28.27 | 4,988 | 125 | A |
| C06453-0003D | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: D2 DITCH - ST 0 + 90

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 599/795437

Batch time: 10:00 AM

Time In Mixer: 80 MINUTES

Mix No. : 994013

Concrete Temp: 89 DEGREES

Weather: CLEAR 85 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/04/04.

Sample Date: 09/03/2004

Set No. : 1 of 3 specimen(s)

Slump: 1.5"

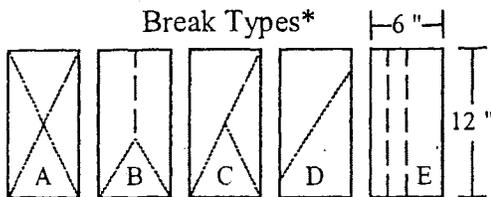
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 24 OF 24 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06474-0004A | 7 | 09/10/2004 | 128,000 | 28.27 | 4,528 | 113 | A |
| C06474-0004B | 28 | 10/01/2004 | 160,000 | 28.27 | 5,660 | 142 | A |
| C06474-0004C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 09/09/2004

Truck/Ticket: 1705/795449

Set No. : 1 of 3 specimen(s)

Batch time: 11:13 AM

Slump: 2.5"

Time In Mixer: 50 MINUTES

Entrained Air: N/A

Mix No. : 994013

Design Strength: 4000 psi

Concrete Temp: 90 DEGREES

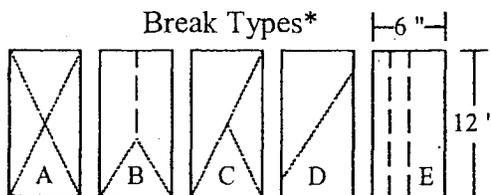
Water Add on-site: NONE

Weather: CLEAR 85 DEGREES

Batch Size: 64 OF 64 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/10/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06481-0005A | 7 | 09/16/2004 | 116,000 | 28.27 | 4,103 | 103 | A |
| C06481-0005B | 28 | 10/07/2004 | 127,000 | 28.27 | 4,492 | 112 | A |
| C06481-0005C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location:

Sampled By: CONTRACTOR

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: N/A

Batch time:

Time In Mixer: N/A

Mix No. : N/A

Concrete Temp: N/A

Weather: N/A

Sample Date: 09/10/2004

Set No. : 1 of 3 specimen(s)

Slump: 4"

Entrained Air: N/A

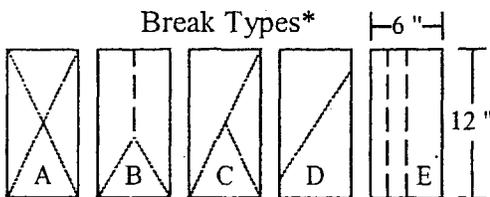
Design Strength: 4000 psi

Water Add on-site: N/A

Batch Size: N/A

Remarks: Picked up by Gallet & Associates, Inc. on 9/11/04. INFORMATION PROVIDED BY CONTACTOR.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06489-0006A | 7 | 09/17/2004 | 90,000 | 28.27 | 3,184 | 80 | A |
| C06489-0006B | 28 | 10/08/2004 | 135,000 | 28.27 | 4,775 | 119 | A |
| C06489-0006C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
 Client: TAYLOR CORPORATION
 Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: B-DITCH; STA 5 + 00

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1597/795472

Batch time: 7:55 AM

Time In Mixer: 1 HOUR 40 MINUTES

Mix No. : 994013

Concrete Temp: 87 DEGREES

Weather: CLOUDY 74 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/14/04.

Sample Date: 09/13/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

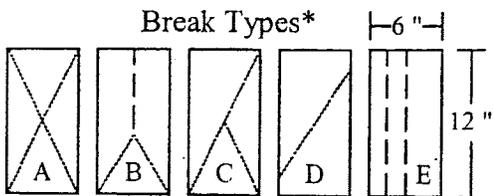
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 24 OF 64 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06501-0007A | 7 | 09/20/2004 | 110,000 | 28.27 | 3,891 | 97 | A |
| C06501-0007B | 28 | 10/11/2004 | 135,000 | 28.27 | 4,775 | 119 | A |
| C06501-0007C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: B-DITCH; 20+70

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1597/827245

Batch time: 9:06 AM

Time In Mixer: 1 HOUR 20 MINUTES

Mix No. : 994013

Concrete Temp: 81 DEGREES

Weather: CLEAR 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/21/04.

Sample Date: 09/20/2004

Set No. : 1 of 3 specimen(s)

Slump: 1"

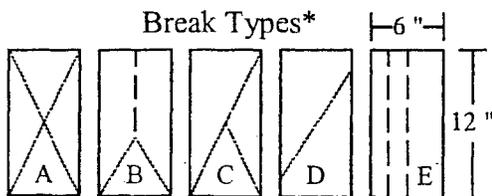
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 18 OF 90 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06509-0008A | 7 | 09/27/2004 | 112,000 | 28.27 | 3,962 | 99 | A |
| C06509-0008B | 28 | 10/18/2004 | 140,000 | 28.27 | 4,952 | 124 | A |
| C06509-0008C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL STA. 17+40 & 16+80

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1597/827315

Batch time: 10:28 AM

Time In Mixer: 1 HOUR 30 MINUTES

Mix No. : 994013

Concrete Temp: 89 DEGREES

Weather: CLEAR 85 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/29/04.

Sample Date: 09/28/2004

Set No. : 1 of 3 specimen(s)

Slump: 1.5"

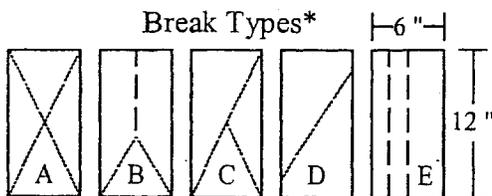
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 10 GALLONS

Batch Size: 45 OF 57 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06524-0009A | 7 | 10/05/2004 | 95,000 | 28.27 | 3,360 | 84 | A |
| C06524-0009B | 28 | 10/26/2004 | 120,000 | 28.27 | 4,245 | 106 | A |
| C06524-0009C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: N/A

Sample Date: 10/04/2004

Truck/Ticket: 1597/827352

Set No. : 1 of 3 specimen(s)

Batch time:

Slump: 3"

Time In Mixer: N/A

Entrained Air: N/A

Mix No. : 994013

Design Strength: 4000 psi

Concrete Temp: 82 DEGREES

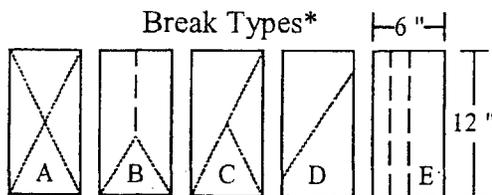
Water Add on-site: NONE

Weather: CLEAR 80 DEGREES

Batch Size: 18 OF 65 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/5/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06542-0010A | 7 | 10/11/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06542-0010B | 28 | 11/01/2004 | 121,000 | 28.27 | 4,280 | 107 | A |
| C06542-0010C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/12/2004

Truck/Ticket: 1597/827402

Set No. : 1 of 3 specimen(s)

Batch time: 11:27 AM

Slump: 1"

Time In Mixer: 1 HOUR 40 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 88 DEGREES

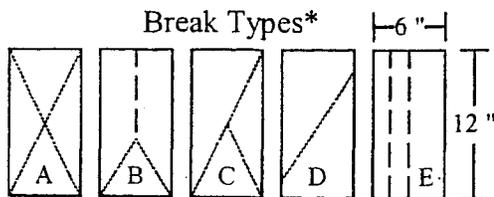
Water Add on-site: NONE

Weather: PARTLY CLOUDY 82 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/13/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06575-0011A | 7 | 10/19/2004 | 84,000 | 28.27 | 2,971 | 74 | A |
| C06575-0011B | 28 | 11/09/2004 | 118,000 | 28.27 | 4,174 | 104 | A |
| C06575-0011C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/18/2004

Truck/Ticket: 1597/827461

Set No. : 1 of 3 specimen(s)

Batch time: 12:44 PM

Slump: 2"

Time In Mixer: 2 HOURS

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 82 DEGREES

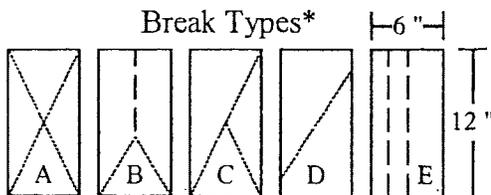
Water Add on-site: NONE

Weather: CLOUDY 70 DEGREES

Batch Size: 54 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/20/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06613-0012A | 7 | 10/25/2004 | 115,000 | 28.27 | 4,068 | 102 | A |
| C06613-0012B | 28 | 11/15/2004 | 125,000 | 28.27 | 4,422 | 111 | A |
| C06613-0012C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/21/2004

Truck/Ticket: 1705/827476

Set No. : 1 of 3 specimen(s)

Batch time: 9:25 AM

Slump: 3.5"

Time In Mixer: 60 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 83 DEGREES

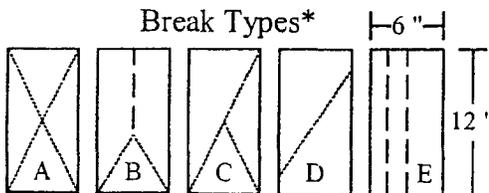
Water Add on-site: NONE

Weather: CLOUDY 75 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06615-0013A | 7 | 10/28/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06615-0013B | 28 | 11/18/2004 | 100,000 | 28.27 | 3,537 | 88 | A |
| C06615-0013C | 56 | 12/16/2004 | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Todd Cheatwood

Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/827488

Batch time: 9:45 AM

Time In Mixer: 40 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 85 DEGREES

Weather: CLOUDY 75 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/23/04.

Sample Date: 10/22/2004

Set No. : 1 of 3 specimen(s)

Slump: 2.0"

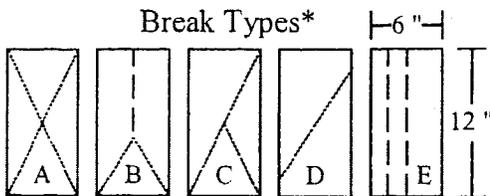
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 36 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06617-0014A | 7 | 10/29/2004 | 85,000 | 28.27 | 3,007 | 75 | A |
| C06617-0014B | 28 | 11/19/2004 | 116,000 | 28.27 | 4,103 | 103 | A |
| C06617-0014C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - F

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/25/2004

Truck/Ticket: 1364/827508

Set No. : 1 of 3 specimen(s)

Batch time: 8:35 AM

Slump: 3"

Time In Mixer: 90 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 80 DEGREES

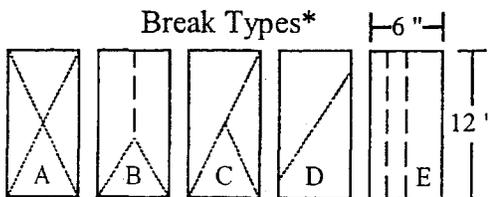
Water Add on-site: NONE

Weather: CLEAR 78 DEGREES

Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06625-0015A | 7 | 11/01/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06625-0015B | 28 | 11/22/2004 | 96,000 | 28.27 | 3,396 | 85 | B |
| C06625-0015C | 56 | 12/20/2004 | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/827520

Batch time: 10:15 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 84 DEGREES

Weather: CLEAR 79 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Sample Date: 10/26/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

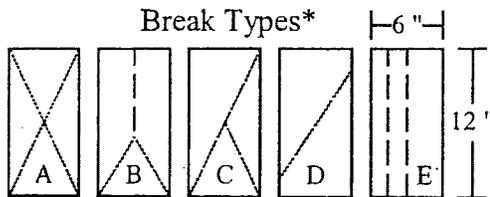
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 5 GALLONS

Batch Size: 36 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06626-0016A | 7 | 11/02/2004 | 83,000 | 28.27 | 2,936 | 73 | A |
| C06626-0016B | 28 | 11/23/2004 | 90,000 | 28.27 | 3,184 | 80 | A |
| C06626-0016C | 56 | 12/21/2004 | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1364/827535

Batch time: 8:31 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 83 DEGREES

Weather: CLEAR 78 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/28/04.

Sample Date: 10/27/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

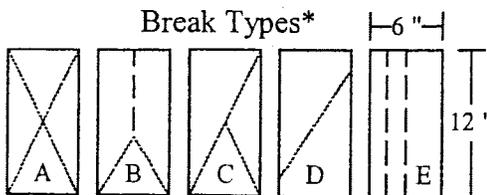
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 8 GALLONS

Batch Size: 27 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06633-0017A | 7 | 11/03/2004 | 60,000 | 28.27 | 2,122 | 53 | A |
| C06633-0017B | 14 | 11/10/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06633-0017C | 28 | 11/24/2004 | 103,000 | 28.27 | 3,643 | 91 | B |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/29/2004

Truck/Ticket: 1599/827579

Set No. : 1 of 3 specimen(s)

Batch time: 1:53 PM

Slump: 2"

Time In Mixer: 70 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 85 DEGREES

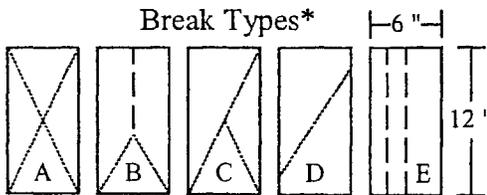
Water Add on-site: NONE

Weather: CLEAR 80 DEGREES

Batch Size: 48 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/30/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06645-0018A | 7 | 11/05/2004 | 65,000 | 28.27 | 2,299 | 57 | A |
| C06645-0018B | 14 | 11/12/2004 | 78,000 | 28.27 | 2,759 | 69 | B |
| C06645-0018C | 28 | 11/26/2004 | 85,000 | 28.27 | 3,007 | 75 | B |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL G DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 11/08/2004

Truck/Ticket: 1703/795553

Set No. : 1 of 3 specimen(s)

Batch time: 11:23 AM

Slump: 2"

Time In Mixer: 1 HOUR 40 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 75 DEGREES

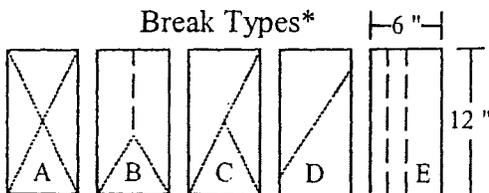
Water Add on-site: NONE

Weather: CLEAR 80 DEGREES

Batch Size: 36 OF 54 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/09/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06659-0019A | 7 | 11/15/2004 | 118,000 | 28.27 | 4,174 | 104 | A |
| C06659-0019B | 28 | 12/06/2004 | 141,000 | 28.27 | 4,988 | 125 | A |
| C06659-0019C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: STA. 9+15 - 8+55 G5

Sampled By: GALLET-TCHEATWOOD

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 11/10/2004

Truck/Ticket: 1703/827606

Set No. : 1 of 3 specimen(s)

Batch time: 10:05 AM

Slump: 2.5"

Time In Mixer: 90 MINUTES

Entrained Air: N/A

Mix No. : 994014

Design Strength: 4000 psi

Concrete Temp: 70 DEGREES

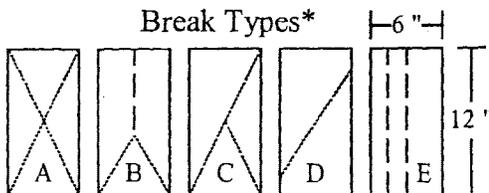
Water Add on-site: 15 GALLONS

Weather: CLEAR 68 DEGREES

Batch Size: 36 OF 90 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/11/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06664-0020A | 7 | 11/17/2004 | 115,000 | 28.27 | 4,068 | 102 | A |
| C06664-0020B | 28 | 12/08/2004 | 142,000 | 28.27 | 5,023 | 126 | A |
| C06664-0020C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G ST 5+30 - 4+70

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 827645/1364

Batch time: 1:24 PM

Time In Mixer: 90 MINUTES

Mix No. : 994014-A1904

Concrete Temp: 72 DEGREES

Weather: CLEAR 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/16/04

Sample Date: 11/15/2004

Set No. : 1 of 3 specimen(s)

Slump: 1"

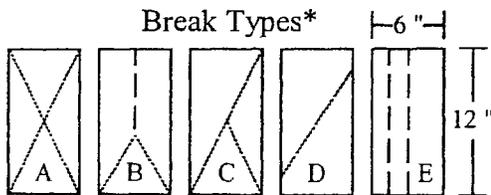
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 54 OF 77 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06675-0021A | 7 | 11/22/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06675-0021B | 28 | 12/13/2004 | 144,000 | 28.27 | 5,094 | 127 | A |
| C06675-0021C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G 4+10 - 4+70

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1165/827652

Batch time: 8:35 AM

Time In Mixer: 90 MINUTES

Mix No. : 994014A1904

Concrete Temp: 66 DEGREES

Weather: CLEAR 64 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/17/04.

Sample Date: 11/16/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

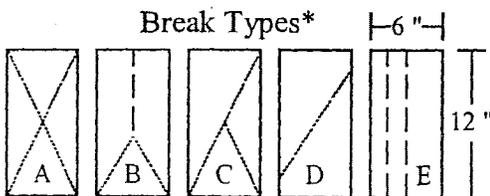
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 27 OF 77 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06683-0022A | 7 | 11/23/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06683-0022B | 28 | 12/14/2004 | 123,000 | 28.27 | 4,351 | 109 | C |
| C06683-0022C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: DITCH G 4+15 - 3+13

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1599/827665

Batch time: 10:50 AM

Time In Mixer: 1 HOUR 40 MINUTES

Mix No.: 994013-A-1904

Concrete Temp: 76 DEGREES

Weather: CLEAR 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/18/04.

Sample Date: 11/17/2004

Set No.: 1 of 3 specimen(s)

Slump: 2"

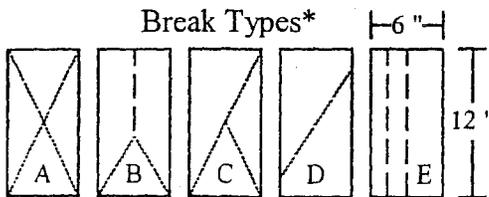
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 63 OF 125 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06693-0023A | 7 | 11/24/2004 | 100,000 | 28.27 | 3,537 | 88 | A |
| C06693-0023B | 28 | 12/15/2004 | 128,000 | 28.27 | 4,528 | 113 | B |
| C06693-0023C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: G DITCH 0+75 - 1+35

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1703/827680

Batch time: 11:08 AM

Time In Mixer: 60 MINUTES

Mix No. : 994013-A-1904

Concrete Temp: 76 DEGREES

Weather: PARTLY CLOUDY 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Sample Date: 11/18/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

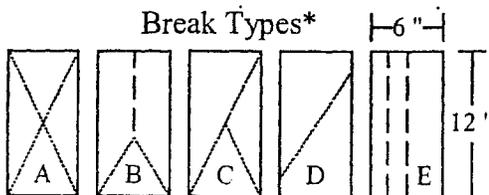
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 72 OF 99 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06694-0024A | 7 | 11/25/2004 | 132,000 | 28.27 | 4,669 | 117 | A |
| C06694-0024B | 28 | 12/16/2004 | | | | | |
| C06694-0024C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: G DITCH 1+35 - 1+95

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORP

Supplier: LAFARGE

Truck/Ticket: 1597/827694

Batch time: 9:22 AM

Time In Mixer: 1 HOUR 40 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 68 DEGREES

Weather: CLOUDY LIGHT RAIN 64 DEGR

Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Sample Date: 11/19/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

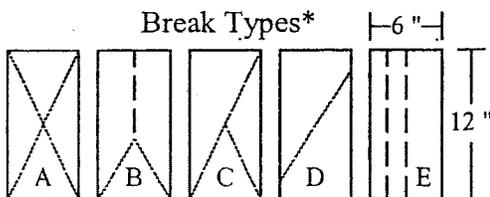
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 45 OF 86 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06702-0025A | 7 | 11/26/2004 | 122,000 | 28.27 | 4,316 | 108 | A |
| C06702-0025B | 28 | 12/17/2004 | | | | | |
| C06702-0025C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/21/2004

Truck/Ticket: 1705/827476

Set No. : 1 of 3 specimen(s)

Batch time: 9:25 AM

Slump: 3.5"

Time In Mixer: 60 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 83 DEGREES

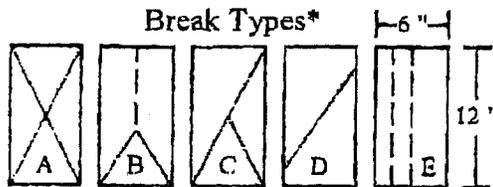
Water Add on-site: NONE

Weather: CLOUDY 75 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06615-0013A | 7 | 10/28/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06615-0013B | 28 | 11/18/2004 | 100,000 | 28.27 | 3,537 | 88 | A |
| C06615-0013C | 56 | 12/16/2004 | 121,000 | 28.27 | 4,280 | 107 | A |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - F

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1364/827508

Batch time: 8:35 AM

Time In Mixer: 90 MINUTES

Mix No. : 994013-A.1904

Concrete Temp: 80 DEGREES

Weather: CLEAR 78 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Sample Date: 10/25/2004

Set No. : 1 of 3 specimen(s)

Slump: 3"

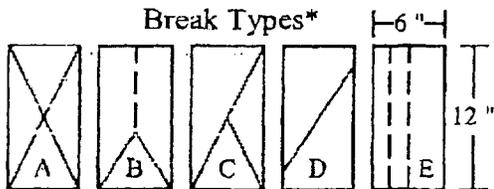
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 27 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06625-0015A | 7 | 11/01/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06625-0015B | 28 | 11/22/2004 | 96,000 | 28.27 | 3,396 | 85 | B |
| C06625-0015C | 56 | 12/20/2004 | 98,000 | 28.27 | 3,467 | 87 | B |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/827520

Batch time: 10:15 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 84 DEGREES

Weather: CLEAR 79 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Sample Date: 10/26/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

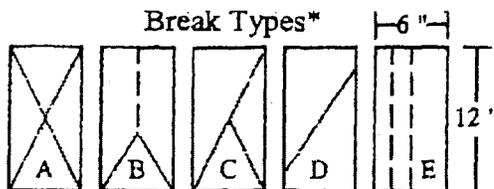
Entrained Air: N/A

Design Strength: 4000 psi

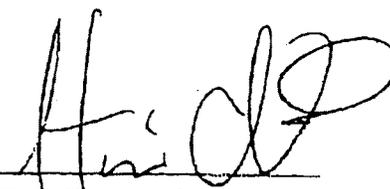
Water Add on-site: 5 GALLONS

Batch Size: 36 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06626-0016A | 7 | 11/02/2004 | 83,000 | 28.27 | 2,936 | 73 | A |
| C06626-0016B | 28 | 11/23/2004 | 90,000 | 28.27 | 3,184 | 80 | A |
| C06626-0016C | 56 | 12/21/2004 | 93,000 | 28.27 | 3,290 | 82 | A |



* Break types apply to cylinders only.

Reported By: 
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1364/827535

Batch time: 8:31 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 83 DEGREES

Weather: CLEAR 78 DEGREES

Remarks: Picked up by Gallet & Associates, Inc on 10/28/04.

Sample Date: 10/27/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 8 GALLONS

Batch Size: 27 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06633-0017A | 7 | 11/03/2004 | 60,000 | 28.27 | 2,122 | 53 | A |
| C06633-0017B | 14 | 11/10/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06633-0017C | 28 | 11/24/2004 | 103,000 | 28.27 | 3,643 | 91 | B |

Break Types*



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Todd Cheatwood

Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1599/827579

Batch time: 1:53 PM

Time In Mixer: 70 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 85 DEGREES

Weather: CLEAR 80 DEGREES

Remarks: Picked up by Gallet & Associates, Inc on 10/30/04.

Sample Date: 10/29/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

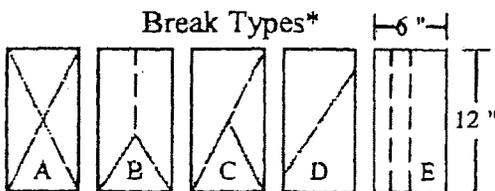
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 48 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06645-0018A | 7 | 11/05/2004 | 65,000 | 28.27 | 2,299 | 57 | A |
| C06645-0018B | 14 | 11/12/2004 | 78,000 | 28.27 | 2,759 | 69 | B |
| C06645-0018C | 28 | 11/26/2004 | 85,000 | 28.27 | 3,007 | 75 | B |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
 Client: TAYLOR CORPORATION
 Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: G'DITCH 0+75 - 1+35

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1703/827680

Batch time: 11:08 AM

Time In Mixer: 60 MINUTES

Mix No. : 994013-A-1904

Concrete Temp: 76 DEGREES

Weather: PARTLY CLOUDY 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Sample Date: 11/18/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

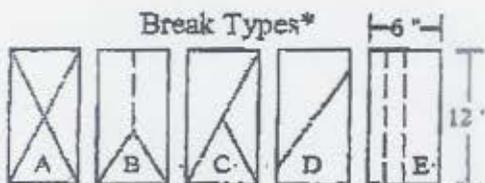
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 72 OF 99 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06694-0024A | 7 | 11/25/2004 | 132,000 | 28.27 | 4,669 | 117 | A |
| C06694-0024B | 28 | 12/16/2004 | 152,000 | 28.27 | 5,377 | 134 | A |
| C06694-0024C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Chestwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: G DITCH 1+35 - 1+95
Sampled By: GALLEY-FDEMPSEY

Contractor: TAYLOR CORP
Supplier: LAFARGE

Truck/Ticket: 1597/827694
Batch time: 9:22 AM

Time In Mixer: 1 HOUR 40 MINUTES
Mix No. : 994013-A1904

Concrete Temp: 68 DEGREES
Weather: CLOUDY LIGHT RAIN 64 DEGR

Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Sample Date: 11/19/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

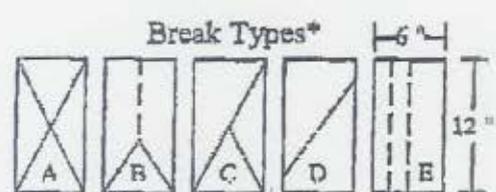
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 45 OF 86 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06702-0025A | 7 | 11/26/2004 | 122,000 | 28.27 | 4,316 | 108 | A |
| C06702-0025B | 28 | 12/17/2004 | 148,000 | 28.27 | 5,235 | 131 | A |
| C06702-0025C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

May 12, 2005

**COMPLETION REPORT
Volume II of III
Appendices G-J**

**11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama**

ROUX ASSOCIATES, INC.

Environmental Consulting & Management



1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX G
TSCA WASTE MANIFESTS



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

TRK-134 TRK-377 Box 4-52

| | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEMPT</u> | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. / MONSIEUR 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956683 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (908) 220-8445 | |
| 4. Generator's Phone (256) 231-8443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number <u>A18A00007237</u> | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number <u>ALD000622464</u> | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | 12. Containers No. Type <u>16 330</u> | | 13. Total Quantity <u>16330</u> | | 14. Unit WT./Vol. <u>kg</u> | | 1. Waste No. <u>PCS A-52</u> | |
| a. Disposal Approval # <u>57105-0241</u> CWM Profile # <u>02070</u> | | b. Disposal Approval # _____ CWM Profile # _____ | | c. Disposal Approval # _____ CWM Profile # _____ | | d. Disposal Approval # _____ CWM Profile # _____ | | | |
| J. Additional Descriptions for Materials Listed Above <u>OUT OF SERVICE DATE: 10/12/04</u> | | K. Handling Codes for Wastes Listed Above <u>1</u> | | State of Generation <u>AL</u> | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: <u>115 steel Hated</u> EMERGENCY CONTACT: <u>CHEMTRAC 1-800-424-9300 FROM 171</u> | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year <u>11/01/04</u> | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <u>Bobby Eustice</u> | | Signature <i>[Signature]</i> | | Month Day Year <u>11/01/04</u> | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space <u>Corrected wt per Mike Swadlow per Don Williams. 04-10-14-04</u> | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <u>James E. McDaniel</u> | | Signature <i>[Signature]</i> | | Month Day Year <u>11/01/04</u> | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

163 9-16

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|-------------------|--|--------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. / MONSANTO 782 CLYDESDALE AVE. ANNISTON, AL 36801 | | | | A. State Manifest Document Number CWMA 956682 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (256 231-0483 | | 6. US EPA ID Number AL000007237 | | C. State Transporter's ID | | D. Transporter's Phone ((900) 228-6045 | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. NO. POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | Disposal Approval # 253196-0014 CWM Profile # EM0275 | | 1 | | 1 | | 1 | | PCB A-36 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | _____ | | _____ | | _____ | | _____ | | _____ | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | _____ | | _____ | | _____ | | _____ | | _____ | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | _____ | | _____ | | _____ | | _____ | | _____ | |
| J. Additional Descriptions for Materials Listed Above AD (AN) (F) SERVICE DATA 10/2/94 | | | | K. Handling Codes for Wastes Listed Above a L b c d | | _____ | | _____ | | _____ | | _____ | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Street North EMERGENCY CONTACT: CHEMTEL 1-800-424-9308 ERM171 | | | | _____ | | _____ | | _____ | | _____ | | _____ | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DON WILLIAMS | | | | Signature | | | | Month Day Year 11 9 12 1994 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Sam Baron | | | | Signature | | | | Month Day Year 11 01 12 1994 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name JAMES E. MURPHY | | | | Signature | | | | Month Day Year 10 12 1994 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|-----------------------------------|-------------------|--|-------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 356681 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone 256 231-4483 | | | | | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-2245 | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number 01 E 0 0 0 0 0 7 2 3 7 | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | G. State Facility's ID | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number AL D 0 0 0 6 2 2 4 6 4 | | H. Facility's Phone 205/652-9721 | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. PCB POLYCHLORINATED BIPHENYLS, SOLID, 9, 152315, PGII | | | | | | | | 15658 | | | | PCB AE-166 | |
| Disposal Approval # 25610C-0041 CWM Profile # 000079 | | | | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/12/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 17 Street Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EREN171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - JOHN WILLIAMS | | | | | | Signature | | | Month Day Year 11/01/04 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James Parker | | | | | | Signature | | | Month Day Year 11/01/04 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | | Signature | | | Month Day Year | | | | |
| 19. Discrepancy Indication Space Corrected w/ per Mike Swallen Per John Williams. 01/10/14/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name John Williams | | | | | | Signature | | | Month Day Year 11/01/04 | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

TK 139 TR 2378 A74

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|-------------------|--|-----------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. / mmsmta 782 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | 6. US EPA ID Number ALR000007E37 | | A. State Manifest Document Number CWMA 956686 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone (256 231-8483 | | | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | C. State Transporter's ID | | D. Transporter's Phone (205) 228-8845 | | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number 1100 10 10 1000 | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. NO, POLYCHLORINATED BIPHENYLS, SOLID, 9, 198315, PGIII | | | | | | 1 | | 15577 | | PCB | | A-74 | |
| Disposal Approval # 257128 2241 CWM Profile # EM6973 | | | | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/13/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. _____ b. _____ d. _____ | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: W.W. 11 street sketch EMERGENCY CONTACT: CHEMREC 1-888-424-9300 ENR171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - ANN WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Bobby Eustice | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/9/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD advised per Sandra Reeves 10/13/04 Corrected with Ann Williams via Mikala Smoller On 10/15/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Anna Clarke | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/11/04 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEFDT</u> | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. / Mmsan TO 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956685 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (205) 224-8445 | |
| 4. Generator's Phone 205 221-8443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number 01E000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | b. 1 | | c. 1 | | d. 1 | | e. PCB 107709 | |
| Disposal Approval # <u> </u> CWM Profile # <u> </u> | | Disposal Approval # <u> </u> CWM Profile # <u> </u> | | Disposal Approval # <u> </u> CWM Profile # <u> </u> | | Disposal Approval # <u> </u> CWM Profile # <u> </u> | | Disposal Approval # <u> </u> CWM Profile # <u> </u> | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE UNIT 10/13/04 | | K. Handling Codes for Wastes Listed Above a. <u> </u> c. <u> </u> b. <u> </u> d. <u> </u> | | State of Generation <u>AL</u> | | 15. Special Handling Instructions and Additional Information Purchase Order # <u> </u> Work Order # <u> </u> ANNISTON AREA PCB SITE LOCATION: 11 Street Hitch EMERGENCY CONTACT: CENTRE: 1-800-424-9300 ER00171 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature | | Month Day Year 11 01 04 | | 17. Transporter 1 Acknowledgement of Receipt of Materials | | | |
| Printed/Typed Name MICHAEL HALE | | Signature | | Month Day Year 11 01 04 | | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | 19. Discrepancy Indication Space 10/13/04 ET added see per Sandra Reeves | | | |
| Printed/Typed Name Imma Creeke | | Signature | | Month Day Year 11 01 04 | | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIONIA, INC. / Morrison TO 702 CLYDESDALE AVE. ANNISTON, AL 36801 | | | | A. State Manifest Document Number CWMA 956684 | | B. State Generator's ID | | | |
| 4. Generator's Phone (256 231-0403 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number ALR0000007237 | | D. Transporter's Phone (800) 228-0645 | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number 2004 | | E. State Transporter's ID | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | |
| a. 90, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | No. Type | | Quantity | | Waste No. | |
| Disposal Approval # 051105-9241 CWM Profile # 05075 | | | | 1 001 CM 1 P 00 0 K | | | | 905 10/13/04 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD OUT OF SERVICE DATE: 10/13/04 | | | | K. Handling Codes for Wastes Listed Above | | | | | |
| State of Generation AL | | | | a. | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Street North EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERM171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIONIA - RON WILLIAMS | | | | Signature | | | | Month Day Year 11/01/3/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name Jerry Farley | | | | Signature | | | | Month Day Year 11/01/3/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Discrepancy Indication Space OSD added see J per Sandra Reese 10/13/04 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Ann | | | | Signature | | | | Month Day Year 11/01/3/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

LD #163852

Box 311 - 85-013-07

Form Approved, OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. / Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36801 | | A. State Manifest Document Number CWMA 956687 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (205) 224-4445 | |
| 4. Generator's Phone 205 221-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR0000070237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. RR, POLYCHLORINATED BIPHENYLS, SOLID, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 | | No. 1 | | Type 19 | | 1283 | | 03 25013 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | 0 | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above ON OUT OF SERVICE DATE: 10/15/04 | | K. Handling Codes for Wastes Listed Above <input checked="" type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. | | State of Generation AL | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 sheet white EMERGENCY CONTACT: CHEMTEL 1-800-424-9300 ENCL 1/1 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DANN WILLIAMS | | Signature | | Month Day Year 11/01/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | Signature | | Month Day Year 11/01/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space used added per sample recover 10/15/04 Correct/lots per Dann Williams via Mike Swadlow, Ok 10/15/04 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Dann Williams | | Signature | | Month Day Year 11/01/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|-------------------|--|---------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | 6. US EPA ID Number | | A. State Manifest Document Number CWMA 956671 | | B. State Generator's ID | | | | | |
| 4. Generator's Phone (256 831-4443) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone ((800) 224-ARAF) | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. PCB, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, P011 | | | | | | 0 0 1 C M 1 2 0 0 0 X | | | | | | PCB 107710 | |
| Disposal Approval # 953174-5241 CWM Profile # UNKNTS | | | | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/19/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERM171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/19/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/19/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD added Sec 3 per Sandra Reeves 10/19/04 ET | | | | | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/01/19/04 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Box 107772

Form Approved, OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|--|--|---|--|---|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 60612 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956672 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 220-8845 | |
| 4. Generator's Phone 256 231-8483 | | 6. US EPA ID Number ALR0000007237 | | E. State Transporter's ID | | F. Transporter's Phone | | G. State Facility's ID | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | H. Facility's Phone 205/652-9721 | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD000622464 | |
| 7. Transporter 2 Company Name | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 3, UN2315, PGIII | | Disposal Approval # 256126-0011 CWM Profile # 256273 | | 11512 | | PICD | | | |
| b. | | Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. | | Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. | | Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/19/09 | | K. Handling Codes for Wastes Listed Above a. b. c. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EPCW171 | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name SOLITA - DEAN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/19/09 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Dou Smith | | Signature <i>[Signature]</i> | | Month Day Year 11/19/09 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space 050 gallons PCB sample from 10/19/09 Mikel Buecker sent email to correct it. + add Doc # on 10/19/09 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Anna Marie | | Signature <i>[Signature]</i> | | Month Day Year 11/19/09 | | | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|---------------------------------|--|-----------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 576670 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956670 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8045 | | | | | |
| 4. Generator's Phone 256 231-0483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number AL00000007237 | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) ML, POLYBROMINATED BIPHENYLS, SOLID, 9, UN315, PGIII | | 12. Containers No. Type 14860 | | 13. Total Quantity 14860 | | 14. Unit Wt./Vol. PCB | | Waste No. 75015 | |
| a. Disposal Approval # W3125-0241 CWM Profile # PCB073 | | b. Disposal Approval # _____ CWM Profile # _____ | | c. Disposal Approval # _____ CWM Profile # _____ | | d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/19/04 | | K. Handling Codes for Wastes Listed Above c | | State of Generation AL | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMREC 1-800-424-9300 ERG#171 | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name SOLITIA - KIM WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/19/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James Pate | | Signature <i>[Signature]</i> | | Month Day Year 11/19/04 | | 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space Michelle Surratt gave me 10SD added Sept per Sandra Reems to correct up on M/F Add Dept 01/10/04 | | | | | | | | | | | | 10/19/04 ET | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Inno Cline | | Signature <i>[Signature]</i> | | Month Day Year 10/19/04 | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|--|--|--|--|--------------------------------------|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. CYEWDPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVENUE ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956669 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (Area) EPA-AAAA | |
| 4. Generator's Phone (Area) EPA-AAAA 256-231-4463 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number A180000027237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers: No. Type | | 13. Total Quantity | | 14. Unit: Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | 16529 | | | | 25014 | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/20/04 | | K. Handling Codes for Wastes Listed Above a. c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 EPCRA171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name FELTAS HAMM | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | |
| 19. Discrepancy Indication Space Match Sweden give CSPD per Sweden Regs 10/20/04 ST Authorisation to correct at on 2015 for Don Williams (O-10/20/04) | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Linda | | | | | | | | | |
| Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Box 2 m 2500707

LD 104522

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956668 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone | |
| 4. Generator's Phone 256 231-8443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone (800) 224-8445 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PSIII | | | | | | | | PCB 25007 | |
| Disposal Approval # 25106-224 CWM Profile # 25073 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO OUT OF SERVICE DATE: 10/20/04 | | K. Handling Codes for Wastes Listed Above L | | a. | | c. | | b. | |
| State of Generation AL | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB SITE | | LOCATION: 113 Ditch | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9303 | | EM3171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - KIM WILLIAMS | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Jerry Farley | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space OOD per Solutia Release 10/01/04 ST | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Ann Marie | | Signature <i>[Signature]</i> | | | | Month Day Year 11/02/04 | | | |

GENERATOR

TRANSPORTER

FACILITY



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | |
|---|--|---|--|--|----------------|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 50006 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 762 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956666 | | B. State Generator's ID | |
| 4. Generator's Phone (256 231-8483) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (800) 225-8845 | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | F. Transporter's Phone | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. RD, POLYCHLORINATED BIPIRENTS, SOLID, 9, UN2315, PGIII | | | | | | 13,581 | |
| Disposal Approval # 853185-4741 CWM Profile # 123079 | | | | | | 101971015R | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/21/04 | | | | K. Handling Codes for Wastes Listed Above | | | |
| State of Generation AL | | | | a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: Ditch EMERGENCY CONTACT: CHEMTEL 1-800-424-3300 ERM171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLUTIA - KIM WILLIAMS | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jerry Farley | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space OSO added per Sandra Revere Corrects weight on manifest per Michele Sawyer per Dan Williams 10/27/04 SR | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name [Signature] | | | | | | | |
| Signature <i>[Signature]</i> | | | | Signature <i>[Signature]</i> | | Month Day Year 11/09/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|-------------------|--|----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEMPT</u> | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address <u>SOLITIA, INC.</u> <u>762 CLYDESDALE AVE.</u> <u>ANNISTON, AL 36201</u> | | | | A. State Manifest Document Number CWMA <u>956867</u> | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (<u>256 221-4443</u>) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (<u>205 221-4445</u>) | | | | | |
| 5. Transporter 1 Company Name <u>ACTION RESOURCE, INC.</u> | | | | 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | | | | |
| 9. Designated Facility Name and Site Address <u>CHEMICAL WASTE MANAGEMENT, INC.</u> <u>Emelle Facility</u> <u>Alabama Highway 17 at Mile Marker 163</u> <u>Emelle, Alabama 35459</u> | | | | 10. US EPA ID Number | | F. Transporter's Phone | | G. State Facility's ID | | | | | |
| | | | | | | H. Facility's Phone <u>205/652-9721</u> | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | I. Waste No. | |
| a. <u>NO. POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PCB</u> | | | | | | | | | | | | <u>PCB A52</u> | |
| Disposal Approval # <u>253124-0241</u> CWM Profile # <u>UNSEEN</u> | | | | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above <u>NO DOT OF SERVICE DATE: 10/21/04</u> | | | | | | K. Handling Codes for Wastes Listed Above a. <u>C</u> c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ <u>ANNISTON AREA PCB SITE</u> <u>LOCATION: Ditch</u> <u>EMERGENCY CONTACT: CHEMTEL 1-800-424-9303 ER04171</u> | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name <u>SOLITIA - DEAN WILLIAMS</u> | | | | Signature <u>[Signature]</u> | | | | Month Day Year <u>11/02/04</u> | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <u>Richard Thomas</u> | | | | Signature <u>Richard Thomas</u> | | | | Month Day Year <u>11/02/04</u> | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space <u>OSD added per Waste Recs 10/21/04 ST</u> | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 9. Printed/Typed Name <u>[Signature]</u> | | | | Signature <u>[Signature]</u> | | | | Month Day Year <u>10/21/04</u> | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

Box # 7 in 25012 #0164524

| | | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|--------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. 514665 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 35291 | | | | A. State Manifest Document Number CWMA 956665 | | B. State Generator's ID | | | | |
| 4. Generator's Phone (256) 231-4443 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number A I R 0 0 0 0 7 2 3 7 | | D. Transporter's Phone (256) 231-4443 | | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number A L D 0 0 0 6 2 2 4 6 4 | | G. State Facility's ID | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. 25012 |
| a. <u>RU, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PIII</u> | | | | 10 | | 10,533 | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | 10 | | 10,27104 SR | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE: 10/20/04 | | | | K. Handling Codes for Wastes Listed Above a. <u>L</u> c. b. d. | | State of Generation <u>AL</u> | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | | | ANNISTON AREA PCB SITE LOCATION: <u>Ditch</u> | | EMERGENCY CONTACT: <u>CENTRAL 1-800-424-3300 ERM171</u> | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10/4/04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DAN ADAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10/22/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Discrepancy Indication Space <u>add added per Sandra Jones DP 10/20/04</u> <u>Corrected weight on manifest per Mitela Swadlow per Don Williams</u> <u>1037104SR</u> | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Donna Williams | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10/20/04 | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | |
|---|--|---|--|---------------------------------------|--|--|--|---|-----------------|------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 51664 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | |
| 3. Generator's Name and Mailing Address SOLLITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 35201 | | | | | | A. State Manifest Document Number CWMA 955664 | | | | |
| 4. Generator's Phone 256 231-8483 | | | | | | B. State Generator's ID | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 228-8845 | | | | |
| 8. US EPA ID Number | | | | | | E. State Transporter's ID | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | F. Transporter's Phone | | | | |
| 10. US EPA ID Number ALD000622464 | | | | | | G. State Facility's ID | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt/Vol | 15. Waste No. |
| a. NO, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PGIII | | | | | | No. Type | | | | PCB 25019 |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT END OF SERVICE DATE: 10/20/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | | |
| State of Generation AL | | | | | | a. <input checked="" type="checkbox"/> c. <input type="checkbox"/> | | | | |
| | | | | | | b. <input type="checkbox"/> d. <input type="checkbox"/> | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 115 Ditch EMERGENCY CONTACT: CENTREC 1-800-424-9388 ER0171 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | |
| Printed/Typed Name SOLLITA - DEAN WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10 20 04 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name FRANKIE SOUTH | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 09 2004 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | |
| 19. Discrepancy Indication Space OSD on Suntec Reere 10/20/04 | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19: | | | | | | | | | | |
| Printed/Typed Name Anna Coore | | | | Signature <i>[Signature]</i> | | | | Month Day Year 10 20 04 | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Ed / 164526 Box A-12

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 156674 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956674 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (205) 228-2845 | |
| 4. Generator's Phone (256 231-6403) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number 10-24-20 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. AG, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PCB | | | | 16819 | | | | PCB | |
| Disposal Approval # 027105-0241 CWM Profile # 042874 | | | | 10/25/04 | | | | A-12 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | a. _____ | | c. _____ | | b. _____ | |
| State of Generation AL | | a. OUT OF SERVICE DATE: 10/25/04 | | b. _____ | | d. _____ | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: 11517 Ditch | | EMERGENCY CONTACT: CHEMTRAC 1-800-424-9308 ER04171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | Month Day Year 10/22/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Jerry Farley | | Signature <i>Jerry Farley</i> | | Month Day Year 11/02/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space Corrected per Ann OSD added per Sandra Peers 10/25/04 ET Williams v. Mike Snedker 10/25/04 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Ann | | Signature <i>Ann</i> | | Month Day Year 10/25/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | |
|---|--|---|--|---|----------------|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 516675 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITA, INC./Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956675 | | B. State Generator's ID | |
| 4. Generator's Phone 256 231-6443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number 01R000007P37 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (205) 231-6443 | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. NO. POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | 13871 | |
| Disposal Approval # 473105-034 CWM Profile # 020073 | | | | | | PCB 25016 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT EXIT OF SERVICE SITE: 10/23/04 | | | | K. Handling Codes for Wastes Listed Above a. c. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 St. Duch EMERGENCY CONTACT: CHEMTEC 1-800-484-9388 ERM171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLITA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jerry Farley | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space Correct per Michele Swallow per Don Williams 10/23/04 | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name John | | | | Signature <i>[Signature]</i> | | Month Day Year 11/02/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|------------------------------|--|---|--|---|--|---|--|-----------|--|-----------------------------------|--|--|--|----------------------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT 156673 | | Manifest Document No. 156673 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956673 | | | | | | | | | | | | | | | |
| 4. Generator's Phone (256) 231-4443 | | | | | | B. State Generator's ID | | | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (205) 231-4443 | | | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | E. State Transporter's ID | | | | | | | | | | | | | | | |
| 10. US EPA ID Number ALD000622464 | | | | | | F. Transporter's Phone | | | | | | | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | | | | | | | | | |
| a. RD, POLYCHLORINATED BI-PHENYLS, SOLID, S, U2315, PCB PCB Disposal Approval # ANNISTON 0341 CWM Profile # 03079 | | | | | | 1 | | 8573 | | PCB | | 107772 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | On 10/25/04 | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AD (OUT OF SERVICE) DATE: 10/25/04 | | | | | | K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Ditch EMERGENCY CONTACT: CHEMREC 1-800-424-7300 ERM171 | | | | | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | Printed/Typed Name SOLUTIA - DEAN WILLIAMS | | | | Signature <i>Dean Williams</i> | | | | Month Day Year 11/07/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Randy Jones</i> | | | | | | | | | | Signature <i>Randy Jones</i> | | | | Month Day Year 11/07/04 | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | | | | | | Signature | | | | Month Day Year | | | | | | | |
| 19. Discrepancy Indication Space Correct wt per Dean Williams. On 10/25/04 OS D added see J per Sandra Reeves | | | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Emma Taylor | | | | | | | | | | Signature <i>Emma Taylor</i> | | | | Month Day Year 11/07/04 | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

21 164983

Box 10770

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 154937 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLVITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956657 | | B. State Generator's ID 68015 | |
| 4. Generator's Phone 256 231-8443 | | | | | | C. State Transporter's ID 68015 | | D. Transporter's Phone (205) 228-8845 | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | | | 6. US EPA ID Number AL 12 010 0 0 0 7 2 3 7 | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number AL 00 0 0 6 2 2 4 6 4 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | |
| a. NO. POLYMERIZED DIPYRYS, SOLID, 9, UN2315, PGII | | | | | | No. Type | | Unit | |
| Disposal Approval # 256-231-8443 CWM Profile # 68015 | | | | | | 9008 | | Waste No. 10770 | |
| b. Disposal Approval # 11/26/04 CWM Profile # | | | | | | 115/04SR | | | |
| c. Disposal Approval # CWM Profile # | | | | | | | | | |
| d. Disposal Approval # CWM Profile # | | | | | | | | | |
| 14. Additional Descriptions for Materials Listed Above NO. LOT OF SERVICE DATE: 10/26/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | |
| State of Generation AL | | | | | | a. c. b. d. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # ANNISTON AREA PCB SITE Work Order # LOCATION: 112 St. PCB Project EMERGENCY CONTACT: CHEMTREC 1-800-424-9353 EICW171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLVITA - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/26/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name Jerry Farley | | Signature <i>Jerry Farley</i> | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | Printed/Typed Name | | Signature | |
| 19. Discrepancy Indication Space OSD per Don Williams 11/4/05 Corrected weight per Don Williams 11/5/04 SR | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. | | | | | | Printed/Typed Name Don Williams | | Signature <i>Don Williams</i> | |
| | | | | | | Month Day Year 11/26/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

LD 165 293 01 in Box 107774

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 156659 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SCOUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956659 | | B. State Generator's ID # 116 | | | |
| 4. Generator's Phone (256 231-8443) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number 018000007237 | | D. Transporter's Phone (404) 894-8445 | | | |
| 7. Transporter 2 Company Name | | | | 8. US EPA ID Number | | E. State Transporter's ID | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers | | 13. Total | | 14. Unit | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2815, PGIII | | | | No. Type | | Quantity | | Wt./Vol. | |
| Disposal Approval # 273105-0241 CWM Profile # 000473 | | | | | | 9290 | | PCB | |
| b. | | | | | | 11510452 | | 107774 | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NOT OUT OF SERVICE DATE: 10/29/04 | | | | K. Handling Codes for Wastes Listed Above | | | | | |
| State of Generation AL | | | | a. L | | c. | | d. | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11th St. PCB Project EMERGENCY CONTACT: CENTREC 1-800-424-3300 ER01171 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SCOUTIA - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/29/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Jerry Farley | | | | Signature <i>Jerry Farley</i> | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | | | Signature | |
| 19. Discrepancy Indication Space OSD added Sec 3 per Don Williams 11/4/04 Corrected Weight per Don Williams 11/5/04 | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | |
| Printed/Typed Name Don Williams | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/29/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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Form Approved, OMB No: 2050-0039, Expires 9-30-02

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|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|-----------------------------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 54076 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address SELAFID, INC. 782 CLYDEDALE AVE. ANNISTON, AL 36801 | | | | A. State Manifest Document Number CWMA 956676 | | B. State Generator's ID | | | | | | | | | | | | | |
| 4. Generator's Phone (256 831-8483) | | | | 6. US EPA ID Number | | C. State Transporter's ID | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name ALLIEN RECYCLING, INC. | | | | 8. US EPA ID Number | | D. Transporter's Phone (800) 228-8445 | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | E. State Transporter's ID | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | | | | | | | |
| a. NO. UNIDENTIFIED BOTTLES, SOLID, 9, UN2315, P011 | | | | b. NO. UNIDENTIFIED BOTTLES, SOLID, 9, UN2315, P011 | | c. NO. UNIDENTIFIED BOTTLES, SOLID, 9, UN2315, P011 | | d. NO. UNIDENTIFIED BOTTLES, SOLID, 9, UN2315, P011 | | e. NO. UNIDENTIFIED BOTTLES, SOLID, 9, UN2315, P011 | | f. NO. UNIDENTIFIED BOTTLES, SOLID, 9, UN2315, P011 | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | Disposal Approval # _____ CWM Profile # _____ | | Disposal Approval # _____ CWM Profile # _____ | | Disposal Approval # _____ CWM Profile # _____ | | Disposal Approval # _____ CWM Profile # _____ | | Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Handling Codes for Wastes Listed Above | | a. L | | b. L | | c. L | | d. L | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: DWH EMERGENCY CONTACT: CHEMREC 1-800-424-3388 EPCW171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | |
| Printed/Typed Name WILLIAM - JOHN WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 23 04 | | | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bobby Justice | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 23 04 | | | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | | | | | |
| 19. Discrepancy Indication Space OSD added Sec 9 per Don Williams 11/23/04 | | | | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. | | | | Printed/Typed Name John Co | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11 23 04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

LD 165294 01uc Box 107775

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|--|---|---|--|---|--|-------------------|--|-------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 150658 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. 782 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956658 | | | | | | | |
| 4. Generator's Phone (256 231-4483) | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (000) 228-8845 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | E. State Transporter's ID | | | | | | | |
| 10. US EPA ID Number ALD0000622464 | | | | | | F. Transporter's Phone | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UME315, PCBII | | | | | | | | 8836 | | | | PCB 107775 | |
| Disposal Approval # 483425-4841 CWM Profile # CW0075 | | | | | | | | | | | | | |
| b. | | | | | | | | 1151045R | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AS DOT OF SERVICE DATE: 10/30/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| State of Generation AL | | | | | | a. L c. | | | | | | | |
| b. | | | | | | d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11th St PCB Project EMERGENCY CONTACT: CHEMREC 1-800-424-3388 EPC0171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | | | Month Day Year 11/03/04 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | |
| Printed/Typed Name Jerry Farley | | Signature <i>Jerry Farley</i> | | | Month Day Year 11/03/04 | | | | | | | | |
| Printed/Typed Name | | Signature | | | Month Day Year | | | | | | | | |
| 19. Discrepancy Indication Space DSD added see I per Don Williams 11/10/04 Corrected weight per Don Williams 11/5/04 SR | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Anniston | | Signature <i>Anniston</i> | | | | Month Day Year 11/03/04 | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

1307 107773

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|--|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 51515 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. Monsanto 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956656 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 220-8045 | |
| 4. Generator's Phone 256 231-8403 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. PCB POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2815, PELII | | 1 | | 1 | | 1 | | PCB Box 107773 | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | AD. DATE OF SERVICE DATE: 11/1/01 | | K. Handling Codes for Wastes Listed Above | | a. _____ c. _____ | | b. _____ d. _____ | |
| State of Generation AL | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: 17th St. PCB Project | | EMERGENCY CONTACT: CHEMTRAC 1-800-424-9300 ERM171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | Printed/Typed Name SOLITIA - JOHN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/1/01 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Randy Jones | | Signature <i>[Signature]</i> | | Month Day Year 11/1/01 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space | | OSD PA Sampled | | Add'd location PA H. Sweden 11/30/01 | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name [Name] | | Signature <i>[Signature]</i> | | Month Day Year 11/20/01 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 510662 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 956662 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 224-8845 | |
| 4. Generator's Phone 256 231-5443 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol | | 15. Waste No. | |
| a. PO, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PCBII | | b. 1 1 1 | | c. 8872 | | d. 115/045R | | e. PCB 25015 | |
| Disposal Approval # 052101-0241 CWM Profile # 000073 | | Disposal Approval # | | CWM Profile # | | Disposal Approval # | | CWM Profile # | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | a. L | | c. | | b. d. | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # | | Work Order # | | ANNISTON AREA PCB SITE LOCATION: 11th St. PCB Project EMERGENCY CONTACT: CHEMTRAC 1-800-424-9390 EPCW171 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>Don Williams</i> | | Month Day Year 11/9/04 | | 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name CHRIS JOSEPH | |
| Signature <i>Chris Joseph</i> | | Month Day Year 11/11/04 | | 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | |
| Month Day Year | | 19. Discrepancy Indication Space OSD added Sec 3 per Don Williams 11/4/04 Corrected weight on manifest per Don Williams 115/045R | | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name Anne Owens | | Signature <i>Anne Owens</i> | |
| Month Day Year 11/11/04 | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|--|--|---|--|--|--|---|--|---|--|---|--|----------------------------|--|-------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 576646 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | |
| 3. Generator's Name and Mailing Address SOLUTIA, INC. <i>Monsanto</i> 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 956646 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone 256 231-0483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8945 | | | | | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 20 | | H. Facility's Phone 205/652-9721 | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RS, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PGIII Disposal Approval # 07105-0041 CWM Profile # EM670 b. Disposal Approval # _____ CWM Profile # _____ c. Disposal Approval # _____ CWM Profile # _____ d. Disposal Approval # _____ CWM Profile # _____ | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. 107769 | | | |
| | | | | | | No. | | Type | | | | | | | |
| | | | | | | | | | | 11/10 | | | | 8519 | |
| | | | | | | | | | | 11/9/05 R | | | | | |
| | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11 Street EMERGENCY CONTACT: CHEMTRAC 1-800-424-9300 ER04171 | | | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name CHRIS JOSEPH Signature <i>Chris Joseph</i> Month Day Year 11/10/05 | | | | | | 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name _____ Signature _____ Month Day Year _____ | | | | | | | | | |
| 19. Discrepancy Indication Space OSD per Don Williams 11/10/05 Corrected weight per Don Williams 11/9/05 R | | | | | | 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Don Williams Signature <i>Don Williams</i> Month Day Year 11/10/05 | | | | | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. <u>EXEMPT</u> | | Manifest Document No. <u>51071</u> | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address <u>SOLUTIA, INC. <i>Montro</i></u> <u>702 CLYDESDALE AVE.</u> <u>ANNISTON, AL 36201</u> | | A. State Manifest Document Number CWMA <u>956641</u> | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone <u>(205) 224-4445</u> | |
| 4. Generator's Phone <u>205 231-4443</u> | | 5. Transporter 1 Company Name <u>ACTON RESOURCE, INC</u> | | 6. US EPA ID Number <u>016000067237</u> | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address <u>CHEMICAL WASTE MANAGEMENT, INC.</u> <u>Emelle Facility</u> <u>Alabama Highway 17 at Mile Marker 163</u> <u>Emelle, Alabama 35459</u> | | 10. US EPA ID Number <u>ALD000622464</u> | | G. State Facility's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | 15. Waste No. | |
| a. <u>RE, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN315,</u> <u>PGIII</u> | | No. Type | | Quantity | | Unit Wt./Vol | | Waste No. <u>PCB</u> <u>113109</u> | |
| Disposal Approval # <u>0215-0541</u> CWM Profile # <u>02079</u> | | 1 CM | | 120000 | | K | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above <u>NO DOT OR SERVICE DATE:</u> <u>OSD 11/12/04</u> | | K. Handling Codes for Wastes Listed Above | | a. <input checked="" type="checkbox"/> | | c. | | | |
| State of Generation <u>AL</u> | | b. <input type="checkbox"/> | | d. <input type="checkbox"/> | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | <u>ANNISTON AREA EXEMPT SITE</u> <u>LOCATION: <i>11th St.</i></u> EMERGENCY CONTACT: <u>CHEMTREC 1-800-424-9300</u> <u>ENG171</u> | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name <u>SOLUTIA - DON WILLIAMS</u> | | Signature <u>Don Williams</u> | | Month Day Year <u>11 12 04</u> | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <u>Herbert <i>Montro</i></u> | | Signature <u>Herbert <i>Montro</i></u> | | Month Day Year <u>11 12 04</u> | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space <u>Corrected name per Don Williams 11/10/04</u> | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <u>Don Williams</u> | | Signature <u>Don Williams</u> | | Month Day Year <u>11 12 04</u> | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|--------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 54642 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 956642 | | B. State Generator's ID 41007 11 6 | | | | | |
| 4. Generator's Phone 256 231-8483 | | | | 6. US EPA ID Number | | C. State Transporter's ID | | D. Transporter's Phone (800) 220-8045 | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 8. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone | | | |
| 7. Transporter 2 Company Name | | | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. Waste No. | |
| a. PCB POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2815, PGIII | | | | Disposal Approval # 41310-0041 CWM Profile # PC3079 | | 10 01 CM | | 10587 | | PCB 107770 | |
| b. | | | | Disposal Approval # 16 CWM Profile # | | | | 1115104SR | | | |
| c. | | | | Disposal Approval # CWM Profile # | | | | | | | |
| d. | | | | Disposal Approval # 41310-0041 CWM Profile # | | | | | | | |
| J. Additional Descriptions for Materials Listed Above ANNISTON AREA 11th ST | | | | K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> c. b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA 11th ST LOCATION: 11th St. EMERGENCY CONTACT: CENTRAL 1-800-424-9300 ENR0171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/11/2014 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Herbert Martin | | | | Signature <i>Herbert Martin</i> | | | | Month Day Year 11/11/2014 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | |
| 19. Discrepancy Indication Space Added 0.52 to corrected because some PCBA williams corrected weight per Don Williams 1115104SR | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Anna | | | | Signature <i>Anna</i> | | | | Month Day Year 11/20/14 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|---|--|---|--|--|--|---|--|---|--|-------------------|--|-----------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. AM114 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. <i>Monroeville</i> 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 299754 | | | | | | | |
| 4. Generator's Phone (256 231-8483) | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 228-8845 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | 8. US EPA ID Number ALD0000622464 | | E. State Transporter's ID | | | | | |
| | | | | | | F. Transporter's Phone | | | | | | | |
| | | | | | | G. State Facility's ID | | | | | | | |
| | | | | | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 1. Waste No. | |
| a. 90, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNCLAS, PCBII | | | | | | No. Type | | 10,025 | | | | PCB 101773 | |
| Disposal Approval # 25126 0241 CWM Profile # CWA70 | | | | | | | | | | | | | |
| b. | | | | | | | | 11/16/04 SR | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | |
| AD: DATE OF SERVICE DATE: 11/15/04 | | | | | | a. <input checked="" type="checkbox"/> b. <input checked="" type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> | | | | | | | |
| State of Generation AL | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | | | | | | | | | | | | |
| Purchase Order # _____ | | | | | | ANNISTON AREA PCB SITE LOCATION: 11 Street | | | | | | | |
| Work Order # _____ | | | | | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ERCH171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLITIA - DONN WILLIAMS | | | | | | Signature <i>Donn Williams</i> | | | | | | Month Day Year 11/15/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Richard Thomas | | | | | | Signature <i>Richard Thomas</i> | | | | | | Month Day Year 11/15/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | | | Signature | | | | | | Month Day Year | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| see OSD added per Donn Williams corrected weight per Donn Williams 11/16/04 SR | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Donn Williams | | | | | | Signature <i>Donn Williams</i> | | | | | | Month Day Year 11/15/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|------------------|--|----|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 99158 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLIFPA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299758 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (256 231-8483 | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-6845 | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol | | | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 053186-9341 CWM Profile # 02075 | | | | No. | | Type | | Quantity | | Waste No. | | | |
| | | | | b. | | c. | | d. | | e. | | f. | |
| | | | | c. | | d. | | e. | | f. | | g. | |
| | | | | d. | | e. | | f. | | g. | | h. | |
| | | | | e. | | f. | | g. | | h. | | i. | |
| J. Additional Descriptions for Materials Listed Above NO UNIT OF SERVICE LISTED 11/18/04 | | | | K. Handling Codes for Wastes Listed Above a. c. | | b. d. | | e. f. | | g. h. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AERIAL SITE LOCATION: 71 Street EMERGENCY CONTACT: CHENTREC 1-800-424-9300 ERG171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLIFPA - DANA WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/11/8014 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/11/8014 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space see added per Dana Williams 11/23/04 SW | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name [Signature] | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|-------------------|--|---------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 9191157 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTION, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299757 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (256 231-8483) | | | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone ((800) 220-8845) | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. PCB, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | No. Type | | | | | | PCB | |
| Disposal Approval # 053186-9241 CWM Profile # CW9979 | | | | | | 0 0 1 C M 1 2 0 0 0 K | | | | | | 107774 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO DATE OF SERVICE DATE: 11/18/04 | | | | | | K. Handling Codes for Wastes Listed Above c. | | | | | | | |
| State of Generation AL | | | | | | b. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMTRC 1-800-424-9300 ER04171 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name SOLUTION - DON WILLIAMS | | | | Signature <i>Don Williams</i> | | | | Month Day Year 11/18/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name Richard Thomas | | | | Signature <i>Richard Thomas</i> | | | | Month Day Year 11/18/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space USD PCBs Don Williams 11/22/04 ST | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | | | | |
| Printed/Typed Name Anna Locke | | | | Signature <i>Anna Locke</i> | | | | Month Day Year 11/22/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved, OMB No. 2050-0039, Expires 9-30-02

| | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|-------------------|---------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 1991310 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | |
| 3. Generator's Name and Mailing Address Monsanto SOLVITA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299750 | | B. State Generator's ID | | | | |
| 4. Generator's Phone (-) 256 231-8483 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol. | 1. Waste No. |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | | No. Type | | | | PC3 |
| Disposal Approval # 25396 9241 CWM Profile # CNSA79 | | | | | | a b c h i p o b b k | | | | 113101 |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT OUT OF SERVICE DATES 11/21/04 | | | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCD/SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMTRAC 1-800-424-9399 ERGN171 | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | |
| Printed/Typed Name SOLVITA - DAWN WILLIAMS | | Signature <i>Dawn Williams</i> | | | | Month Day Year 11/21/04 | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>SASIA FOWLER</i> | | Signature <i>Sasia Fowler</i> | | | | Month Day Year 11/21/04 | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | | | Month Day Year | | | | |
| 19. Discrepancy Indication Space OSP added per Dawn Williams 11/22/04 E1 with on file 11/22/04 E1. | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name <i>Mingo</i> | | Signature <i>Mingo</i> | | | | Month Day Year 11/21/04 | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | |
|---|--|--|---|--|---|---|---|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. K X E M P T | Manifest Document No. 997766 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | | |
| 3. Generator's Name and Mailing Address SOLITIA, INC. MONSANTO 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | A. State Manifest Document Number CWMA 299766 | | B. State Generator's ID | | |
| 4. Generator's Phone (256 231-8483) | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 7. Transporter 2 Company Name | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. PCB 10776 |
| a. PCB, POLYCHLORINATED BIPHENYLS, SOLID, I, UN2315, PGII | | | | | 9117 | | |
| Disposal Approval # 256-231-8483 CWM Profile # CW0073 | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO DATA SERVICE UNIT 11/22/04 | | | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ ANNISTON AREA PCB SITE Work Order # _____ LOCATION: 11 Street Ditch EMERGENCY CONTACT: CHEMREC 1-800-424-9309 ER01171 | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name SOLITIA - DAN WILLIAMS | | Signature <i>D Williams</i> | | Month Day Year 11/22/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Sam Aaron | | Signature <i>Sam Aaron</i> | | Month Day Year 11/22/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space NO state of Al. copy w/ corrected per Emel OSP added per Dan Williams 11/22/04 ET letter on file | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name John | | Signature <i>John</i> | | Month Day Year 11/22/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 097760 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 362012004 | | A. State Manifest Document Number CWMA 299760 | | B. State Generator's ID | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | |
| 4. Generator's Phone 256 231-8403 | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR000007237 | | E. State Transporter's ID | | F. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. 80, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | No. Type | | Quantity | | Wt./Vol. | | 10775 | |
| Disposal Approval # 053185 9241 CWM Profile # 03029 | | b. Disposal Approval # | | c. Disposal Approval # | | d. Disposal Approval # | | | |
| J. Additional Descriptions for Materials Listed Above NOT OUT OF SERVICE WATER | | K. Handling Codes for Wastes Listed Above | | State of Generation AL | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # Work Order # | | ANNISTON AREA PCB SITE LOCATION: 111 Street | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9309 ENR0171 | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DAN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/22/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | Signature <i>[Signature]</i> | | Month Day Year 11/22/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space 555 called for Dan Williams 11/23/04 ET 700 13 work. per email | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name [Signature] | | Signature <i>[Signature]</i> | | Month Day Year 11/23/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | |
|---|--|---|--|--|--------------------|---|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIONS, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299764 | | B. State Generator's ID | |
| 4. Generator's Phone (256 231-8483) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR0000007237 | | C. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone ((800) 224-4845) | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | F. State Facility's ID | | G. State Facility's Phone 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | 1000 | | PCB 113095 |
| Disposal Approval # 65148-9241 CWM Profile # CW0473 | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | |
| d. Disposal Approval # 299764 CWM Profile # _____ | | | | | | | |
| J. Additional Descriptions for Materials Listed Above NO DATE OF SERVICE DATE: 11/20/04 | | | | K. Handling Codes for Wastes Listed Above a. _____ c. _____ b. _____ d. _____ | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PCB SITE LOCATION: _____ Street EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ER01171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste, generation and select the best waste management method that is available to me and that I can afford. | | | |
| Printed/Typed Name SOLUTIONS - DOWN WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/14/04 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Doug Smith | | Signature <i>[Signature]</i> | | Month Day Year 11/14/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space USD checked by Down Williams on 11/20/04 WY. corrected per email PA 11/21/04 | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Anna Coe | | Signature <i>[Signature]</i> | | Month Day Year 11/20/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|--|--|--|--|---|--|---|--|---|--|---|--|-----------------------------------|--|---------------------------------|--|--|--|-----------------------------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | | Manifest Document No. 99151 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | | | | | | | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | | | A. State Manifest Document Number CWMA 299751 | | | | | | | | | | | | | | | |
| 4. Generator's Phone (256 231-8483) | | | | | | B. State Generator's ID | | | | | | | | | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | | 6. US EPA ID Number ALR000007237 | | | C. State Transporter's ID | | | | | | | | | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | D. Transporter's Phone (800) 228-8845 | | | | | | | | | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | | | E. State Transporter's ID | | | | | | | | | | | | | | | |
| 10. US EPA ID Number ALD000622464 | | | | | | F. Transporter's Phone | | | | | | | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | | | | | | | | | |
| a. NO, POLYCHLORINATED BIPHENYLS, SOLID, 9, UNE315, PGIII | | | | | | No. Type | | Quantity | | Wt./Vol. | | Waste No. | | | | | | | | | |
| Disposal Approval # 95312-9241 CWM Profile # 1/11 019879 | | | | | | 1 | | 10478 K | | K | | PCB 23176 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | | | | | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above AT OUT OF SERVICE DATE 11/23/04 | | | | | | K. Handling Codes for Wastes Listed Above | | | | | | | | | | | | | | | |
| State of Generation AL | | | | | | a. L c. | | | | | | | | | | | | | | | |
| | | | | | | b. d. | | | | | | | | | | | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA 100 SWS Street LOCATION: CHEMTRAC 1-800-424-9399 EXCH171 | | | | | | | | | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | | | | | | If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | |
| Printed/Typed Name SOLUTIA - CLAY WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | | | | | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name Scott Gorton | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | | | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | | | | | |
| 19. Discrepancy Indication Space OSP added sat per Donn Williams letter on file E1 sec. 13 con. per Email 11/23/04 | | | | | | | | | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | | | | Printed/Typed Name [Name] | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

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|--|--|---|--|---|--|--|--|---|--|--|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EX E M P T | | Manifest Document No. AM1132 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address Monseito SOLULLIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299752 | | B. State Generator's ID | | | | | | | |
| 4. Generator's Phone (256 231-8483 | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 | | | | | | | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | | | | | | | |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | | | I. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | 15. Waste No. | |
| a. RU, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | Disposal Approval # MS2196-4241 CWM Profile # EM0079 | | b. 2000 | | c. 1 | | d. PE3 | | e. A-82 | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | c. Disposal Approval # _____ CWM Profile # _____ | | d. Disposal Approval # _____ CWM Profile # _____ | | e. Disposal Approval # _____ CWM Profile # _____ | | f. Disposal Approval # _____ CWM Profile # _____ | | g. Disposal Approval # _____ CWM Profile # _____ | |
| J. Additional Descriptions for Materials Listed Above OUT OF SERVICE DATE 11/23/04 | | | | K. Handling Codes for Wastes Listed Above L | | a. _____ | | b. _____ | | c. _____ | | d. _____ | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ ANNISTON AREA PERMITS LOCATION: 11th Street EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ER01171 | | | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLLITA - DON WILLIAMS | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JASON FOWLER | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | | Month Day Year | | | | | |
| 19. Discrepancy Indication Space OSD added per Donn Williams, letter on file 11/23/04 | | | | | | | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name [Name] | | | | Signature <i>[Signature]</i> | | | | Month Day Year 11/23/04 | | | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | | Manifest Document No. 1997105 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address Monsanto SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36801 | | 4. Generator's Phone (256 231-8483) | | 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 6. US EPA ID Number ALR0000007237 | | A. State Manifest Document Number CWMA 299765 | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 10. US EPA ID Number ALD0000622464 | | B. State Generator's ID | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt./Vol. | | Waste No. | |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | 8292 | | | | MS 25012 | |
| Disposal Approval # 253186-9241 CWM Profile # CW2879 | | | | | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | a. _____ | | c. _____ | | | |
| State of Generation AL | | b. _____ | | d. _____ | | | | | |
| 15. Special Handling Instructions and Additional Information | | Purchase Order # _____ | | Work Order # _____ | | EMERGENCY CONTACT: CHEMTREC 1-800-424-9383 | | ERGM171 | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | ANNISTON AREA PCB SITE LOCATION: 11th Street | | | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | Printed/Typed Name Jason Fuller | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | Printed/Typed Name | | Signature | | Month Day Year | | | |
| 19. Discrepancy Indication Space | | OSD Address re Don Williams 11/24/04 | | see 13 corrected per letter | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | Printed/Typed Name Don Williams | | Signature <i>[Signature]</i> | | Month Day Year 11/24/04 | | | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | |
|---|--|--|--|--|---|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. E X E M P T | Manifest Document No. 11/12/04 | 2. Page of 1 | Information in the shaded areas is not required by Federal law. |
| 3. Generator's Name and Mailing Address MAGSANA SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | A. State Manifest Document Number CWMA 299762 | | B. State Generator's ID | |
| 4. Generator's Phone (256 231-8483) | | C. State Transporter's ID | | D. Transporter's Phone (800 228-8845) | |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number ALR0000007237 | | E. State Transporter's ID | |
| 7. Transporter 2 Company Name | | 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | F. Transporter's Phone | |
| 10. US EPA ID Number ALD0000622464 | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. | 13. Total Quantity | 14. Unit Wt./Vol. | Waste No. |
| a. RD, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII | | | | | PCB 23347 |
| Disposal Approval # 253105-0241 CWM Profile # CW0073 | | | | | |
| b. Disposal Approval # _____ CWM Profile # _____ | | | | | |
| c. Disposal Approval # _____ CWM Profile # _____ | | | | | |
| d. Disposal Approval # _____ CWM Profile # _____ | | | | | |
| J. Additional Descriptions for Materials Listed Above NO DATE OF SERVICE DATE | | K. Handling Codes for Wastes Listed Above | | | |
| State of Generation AL | | | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMTREC 1-800-424-9300 ER00171 | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. | | | | | |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | |
| Printed/Typed Name SOLUTIA - DON WILLIAMS | | Signature <i>[Signature]</i> | | Month Day Year 11/12/04 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Richard Thomas | | Signature <i>[Signature]</i> | | Month Day Year 11/12/04 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space USD per Don Williams 11/12/04 ST | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Don Williams | | Signature <i>[Signature]</i> | | Month Day Year 11/12/04 | |



HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

167154

Form Approved. OMB No. 2050-0039. Expires 9-30-02

| | | | | | | |
|--|---|--|---|---|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. EXEMPT | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address <i>Marsimo</i> SOLUTIA, INC. 702 CLYDESDALE AVE. ANNISTON, AL 36201 | | | | A. State Manifest Document Number CWMA 299748 | B. State Generator's ID | |
| 4. Generator's Phone (256 231-8483 | | 6. US EPA ID Number ALR000007237 | | C. State Transporter's ID | | D. Transporter's Phone (800) 228-8845 |
| 5. Transporter 1 Company Name ACTION RESOURCE, INC. | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone |
| 7. Transporter 2 Company Name | | 10. US EPA ID Number | | G. State Facility's ID | | H. Facility's Phone 205/652-9721 |
| 9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT, INC. Emelle Facility Alabama Highway 17 at Mile Marker 163 Emelle, Alabama 35459 | | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. PG, POLYCHLORINATED BIPHENYLS, SOLID, 9, UN2315, PGIII Disposal Approval # 057104-0241 CWM Profile # CW3079 | | 12. Containers No. Type | 13. Total Quantity 8510 | 14. Unit Wt./Vol. K |
| GENERATOR | b. | | c. | | Waste No. PCB 1107975 | |
| | c. | | d. | | | |
| | d. | | J. Additional Descriptions for Materials Listed Above NO INFO ON SERVICE DATE: 12/01/04 | | K. Handling Codes for Wastes Listed Above a. L c. b. d. | |
| | J. Additional Descriptions for Materials Listed Above | | K. Handling Codes for Wastes Listed Above | | | |
| 15. Special Handling Instructions and Additional Information Purchase Order # _____ Work Order # _____ | | ANNISTON AREA PCB/SITE LOCATION: 11th Street EMERGENCY CONTACT: CHEMREC 1-800-424-4300 ER0171 | | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Richard Thomas | | Signature: <i>[Signature]</i> | | Month Day Year: 11/29/04 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ | | Signature: _____ | | Month Day Year: _____ | | |
| 19. Discrepancy Indication Space OSD added per Donna Williams 12/1/04 see 13 corrected per letter | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name: Emma Taylor | | Signature: <i>[Signature]</i> | | Month Day Year: 12/01/04 | | |

APPENDIX H

NON-HAZARDOUS DEBRIS MANIFESTS

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30454

GENERATOR

Generator Name Taylor Soliciting Generating Location Soliciting
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | Type |
| Cross-ties | 20 | C | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date _____ Driver Signature [Signature] Shipment Date 8-13-04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # BA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature [Signature] Receipt Date 8-13-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30452

GENERATOR

Generator Name Jayko Corp
~~9779 Solitica~~
Generating Location Solitica Property
Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|----|--|------------|-----|------|
| | | | | Units | No. | Type |
| Crossies | | 24 | | C | 1 | T |
| | | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. MacHy 1 106550 Phone No. _____
Transporter Name IWI 7:34 Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McChain _____ 8-13-04
Driver Signature _____ Shipment Date _____ Driver Signature _____ Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date 8-13-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30480

GENERATOR

Generator Name Taylor Corp Generating Location Solixity
Solixity Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | | |
|----------------------|------------|-------|-----|------|--|
| | Quantity | Units | No. | Type | |
| Crossties | 20 | C | 1 | T | CONTAINER TYPE D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. Mack 252 Phone No.: _____
Transporter Name IWI 108550 Driver Name (Print) _____
Address Shingles Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil Shipment Date _____ Billy McNeil 8/14/04
Driver Signature Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

Chris P. [Signature] 8-14-04
Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30481

GENERATOR

Generator Name Taylor Corp Generating Location Selma
Selma Job Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | CONTAINER TYPE D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
|----------------------|------------|-------|-----|---|
| | Quantity | Units | No. | |
| Cross ties Fence | 20 | C | 1 | UNITS L - LBS C - CU. YDS. |
| | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. max 1 1135 Phone No. _____
Transporter Name IWI 108549 Driver Name (Print) _____
Address Shingles Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil Driver Signature Shipment Date _____
Billy McNeil Driver Signature 8-14-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____
CELL # BR

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris P. [Signature] Name of Authorized Agent Signature 8-14-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30482

GENERATOR

Generator Name ~~W. Taylor Corp~~ W. Taylor Corp
Solid Tie Job

Generating Location Solid Tie
Address Panola

Phone No.: _____
IWI CODE: _____

Phone No.: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|----------|-------|-----|------|---|
| Fence cross ties | 20 | C | 1 | T | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. mack 1 9:55
Transporter Name FWI 108550
Address Cross ties

Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Billy McNeil Shipment Date _____

Driver Signature Billy McNeil Shipment Date 8-14-04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature Art D. [Signature] Receipt Date 8-14-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30478

GENERATOR

Generator Name Taylor Corp Generating Location Solivia
Solivia Address Duncan

Phone No.: _____ Phone No.: _____
IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|----------|-------|-----|------|---|
| Cross ties | 20 | C | 1 | T | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. MacK 1 10:05 Phone No. _____
Transporter Name IWI 68550 Driver Name (Print) _____
Address Railroad Ties Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNain 8-16-04
Driver Signature _____ Shipment Date _____ Driver Signature _____ Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris D. [Signature] 8-16-04
Name of Authorized Agent _____ Signature _____ Receipt Date _____

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30467

GENERATOR

Generator Name Taylor Corp
Solut 9 Job Generating Location Solut 9
Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|----|---|------------|------|--|
| | | | | No. | Type | |
| cross ties | | 20 | C | 1 | T | CONTAINER TYPE D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. Mack 1:30 Phone No. _____
Transporter Name IWI 107900 Driver Name (Print) _____
Address Rail Road Ties Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil Driver Signature Shipment Date _____ Billy McNeil Driver Signature 8-17-04 Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris D. May Name of Authorized Agent Signature 8-17-04 Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30468

GENERATOR

Generator Name Taylor Corp
Solix 19 Job Generating Location Solix 19
Address Duncan
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Containers | | | Type |
|----------------------|------------|-------|-----|------|
| | Quantity | Units | No. | |
| Cross ties | 22 | C | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. Mack 1239
Transporter Name FWI 108550
Address Railroad Ties

Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McKen
Driver Signature

Shipment Date _____

Billy McKen
Driver Signature

8-17-04
Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES _____ NO _____
CELL # BR

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature Chris D. Jay

Receipt Date 8-17-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30470

GENERATOR

Generator Name Taylor Corp.
Sublet 19 Job
Generating Location Sublet 19
Address Duncan
Phone No.: _____
Phone No.: _____
IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE | UNITS |
|----------------------|----------|-------|-----|------|----------------|--------------|
| Cross-ties | 22 | C | 1 | T | D - DRUM | L - LBS |
| | | | | | C - CARTON | C - CU. YDS. |
| | | | | | B - BAG | |
| | | | | | T - TRUCK LOAD | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. mach 1 9:00
Transporter Name IWI 105549
Address Rail Road Ties
Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNair _____ 8-17-04
Driver Signature _____ Shipment Date _____ Driver Signature _____ Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES _____ NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Chris D. Jay _____ 8-17-04
Name of Authorized Agent _____ Signature _____ Receipt Date _____

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30518

GENERATOR

Generator Name 114 St. Ditch

Generating Location _____

Address _____

Phone No.: _____

Phone No.: _____

IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | | | | | | | | | | | | | | | | | |
|--|--|-------|-----|------|--|--|---|---|---|---|---|---|---|----------------|----------|------------|---------|----------------|-------|---------|--------------|
| <div style="border: 1px solid black; padding: 5px; width: fit-content;">Cross-ties</div> | <table border="1"><tr><td> </td><td> </td><td>19</td><td> </td><td> </td></tr></table> | | | 19 | | | <table border="1"><tr><td>C</td></tr></table> | C | <table border="1"><tr><td>1</td></tr></table> | 1 | <table border="1"><tr><td>T</td></tr></table> | T | <div style="border: 1px solid black; padding: 5px;">20</div> <table border="1"><tr><td>CONTAINER TYPE</td></tr><tr><td>D - DRUM</td></tr><tr><td>C - CARTON</td></tr><tr><td>B - BAG</td></tr><tr><td>T - TRUCK LOAD</td></tr></table> <table border="1"><tr><td>UNITS</td></tr><tr><td>L - LBS</td></tr><tr><td>C - CU. YDS.</td></tr></table> | CONTAINER TYPE | D - DRUM | C - CARTON | B - BAG | T - TRUCK LOAD | UNITS | L - LBS | C - CU. YDS. |
| | | 19 | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | | | | | | | | | |
| CONTAINER TYPE | | | | | | | | | | | | | | | | | | | | | |
| D - DRUM | | | | | | | | | | | | | | | | | | | | | |
| C - CARTON | | | | | | | | | | | | | | | | | | | | | |
| B - BAG | | | | | | | | | | | | | | | | | | | | | |
| T - TRUCK LOAD | | | | | | | | | | | | | | | | | | | | | |
| UNITS | | | | | | | | | | | | | | | | | | | | | |
| L - LBS | | | | | | | | | | | | | | | | | | | | | |
| C - CU. YDS. | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <table border="1"><tr><td> </td></tr></table> | | <table border="1"><tr><td> </td></tr></table> | | <table border="1"><tr><td> </td></tr></table> | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. Mich I

Phone No. _____

Transporter Name ILI

Driver Name (Print) _____

Address _____

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature]

Shipment Date _____

Driver Signature [Signature]

Shipment Date 9/27/04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature [Signature]

Receipt Date 9-27-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30672

GENERATOR

Generator Name ~~Ind~~ Taylor Corp

Generating Location ~~11th St~~ 11th St
Address _____

Phone No.: _____

Phone No.: _____

IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type |
|----------------------|----------|-------|-----|------|
| Cross ties | 35 | kg | 1 | T |
| | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. Mack 2

Phone No. _____

Transporter Name Taylor Corp

Driver Name (Print) _____

Address _____

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Bill McHenry

Shipment Date 11-02-04

Driver Signature Bill McHenry

Shipment Date 11-02-04

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____

CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature Ann D. [Signature]

Receipt Date 11-2-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30803

GENERATOR

Generator Name Taylor Corp Generating Location 11th Street
Address _____

Phone No.: _____ Phone No.: _____

IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|----------|-------|-----|------|---|
| Cross ties | 23 | C | 1 | T | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. Mack 2 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billie McNair 11-16-04 Billie McNair 11-16-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30804

GENERATOR

Generator Name Taylor Corp Generating Location 11th Street
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|---|--|------------|-----|------|
| | | | | Units | No. | Type |
| crossties | 1 | 5 | | C | 1 | T |
| | | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Mack 1 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Toni Or 11-12-04 Toni Or 11-12-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

[Signature] 11-12-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30801

GENERATOR

Generator Name Taylor Corp. Generating Location 11th Street
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|----|--|------------|-----|------|
| | | | | Units | No. | Type |
| Cross ties | | 25 | | C | 1 | T |
| | | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. MacK 2 Phone No. _____
Transporter Name IWI Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McNeil 11-16-04 Billy McNeil 11-16-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Neil D. [Signature] 11-16-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30802

GENERATOR

Generator Name Taylor Corp. Generating Location 11th Street
Address _____

Phone No.: _____ Phone No.: _____

IWI CODE: _____

Containers

| Description of Waste | Quantity | Units | No. | Type | CONTAINER TYPE |
|----------------------|-----------|----------|----------|----------|---|
| <u>Crossties</u> | <u>20</u> | <u>C</u> | <u>1</u> | <u>T</u> | D - DRUM C - CARTON B - BAG T - TRUCK LOAD |
| | | | | | UNITS L - LBS C - CU. YDS. |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____

Signature _____

Shipment Date _____

TRANSPORTER

Truck No. Mack 2
Transporter Name IWI
Address _____

Phone No. _____
Driver Name (Print) _____
Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Billy McElair 11-16-04
Driver Signature Shipment Date

Billy McElair 11-16-04
Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____

LANDFILLED YES NO _____
CELL # 132

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____

Signature _____

Receipt Date 11-16-04

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30546

GENERATOR

Generator Name Taylor Corp

Generating Location 11th Street

Address _____

Phone No.: _____

Phone No.: _____

IWI CODE: _____

Containers

30546

Description of Waste

Quantity

Units

No.

Type

COSS Ties

23

C

1

T

108548

CONTAINER TYPE

D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS

L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

TRANSPORTER

Truck No. _____

Phone No. _____

Transporter Name _____

Driver Name (Print) _____

Address _____

Vehicle License No./State _____

Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Louie Dor Shipment Date 11-17-04

Driver Signature Louie Dor Shipment Date 11-17-04

DESTINATION

Site Name Industrial Waste Inc.

Phone No. (256) 835-1800

Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO

LANDFILLED YES NO _____

CELL # 132

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30547

GENERATOR

Generator Name Taylor Corp. Generating Location 11th
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | Units | Containers | | Type |
|----------------------|----------|-------|------------|------|---|
| | | | No. | Type | |
| Cross Ties | 35 | C | 1 | T | 107862 CONTAINER TYPE D - DRUM C - CARTON B - BAG T - TRUCK LOAD UNITS L - LBS C - CU. YDS. |
| | | | | | |

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. _____ Phone No. _____
Transporter Name _____ Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.
I hereby certify that the above named material was delivered without incident to the destination listed below.

Torri Don 11-17-04 Torri Don 11-17-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Therese D. King 11-17-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30548

GENERATOR

Generator Name Taylor Corp Generating Location 11th Street
Address Solutia
Phone No.: _____ Phone No.: _____
IWI CODE: _____ Containers 40 yrd

| Description of Waste | Quantity | Units | No. | Type | |
|----------------------|-----------|----------|----------|----------|---------------|
| <u>COGSTRIB</u> | <u>35</u> | <u>C</u> | <u>1</u> | <u>T</u> | <u>108729</u> |
| | | | | | |

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. _____ Phone No. _____
Transporter Name _____ Driver Name (Print) _____
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Torrie Dow 11-17-04 Torrie 11-17-04
Driver Signature Shipment Date Driver Signature Shipment Date

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____ LANDFILLED YES NO _____
CELL # BA

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Thi D. Y... 11-17-04
Name of Authorized Agent Signature Receipt Date

INDUSTRIAL WASTE INC.

NON-HAZARDOUS SPECIAL WASTE MANIFEST

30502

GENERATOR

Generator Name 114 St. Patrick Generating Location _____
Address _____
Phone No.: _____ Phone No.: _____
IWI CODE: _____

| Description of Waste | Quantity | | | Containers | | |
|----------------------|----------|--|-----------|------------|----------|----------|
| | | | | Units | No. | Type |
| <u>Cross-ties</u> | | | <u>22</u> | <u>C</u> | <u>1</u> | <u>T</u> |
| | | | | | | |

30

CONTAINER TYPE
D - DRUM
C - CARTON
B - BAG
T - TRUCK LOAD

UNITS
L - LBS
C - CU. YDS.

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described and classified. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name _____ Signature _____ Shipment Date _____

TRANSPORTER

Truck No. Truck 2 Phone No. _____
Transporter Name IWI Driver Name (Print) Kevin Samples
Address _____ Vehicle License No./State _____
Vehicle Certification _____

I hereby certify that the above material was picked up at the generator site listed above, it does not contain free liquid as required by 40 CFR Part 260.10, and it has been properly packaged for transportation according to applicable regulations.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date _____ Driver Signature [Signature] Shipment Date _____

DESTINATION

Site Name Industrial Waste Inc. Phone No. (256) 835-1800
Address 1473 Reaves Road • Anniston, AL - P.O. Box 3424 • Oxford, AL 36203

STORED YES _____ NO _____
LANDFILLED YES NO _____
CELL # B2

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature [Signature] Receipt Date _____

APPENDIX I
AS-BUILT SURVEY

11th STREET DITCH RESPONSE ACTION "AS-BUILT" SURVEY

ANNISTON, ALABAMA

PREPARED FOR :

MONSANTO COMPANY

LIST OF DRAWINGS

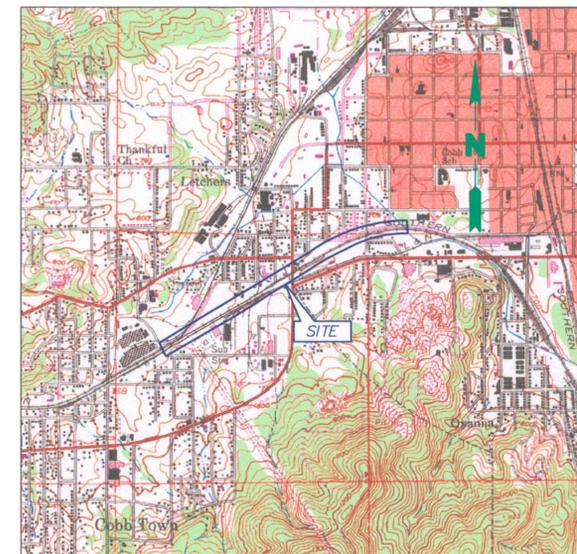
| <u>SHEET NUMBER</u> | <u>DRAWING TITLE</u> |
|-------------------------|--------------------------------------|
| 1 | TITLE SHEET |
| 2 | "AS-BUILT" SURVEY |
| 3 | EXISTING AND PREVIOUS CROSS SECTIONS |
| 4 | EXISTING AND PREVIOUS CROSS SECTIONS |
| 5 | EXISTING AND PREVIOUS CROSS SECTIONS |
| 6 | DETAIL SHEET |
| 7 | DETAIL SHEET |

PREPARED BY :



NOT VALID WITHOUT RED SIGNATURE

FEBRUARY 2005



SITE LOCATION MAP
1"=2,000'

APPENDIX J

BMP INSPECTION AND CERTIFICATION FORMS

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): Anniston, Calhoun, ALA.
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

14/5

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|-----|-----|--------|--------|--------|
| Date | | | | | 8/5/04 | 8/6/04 | 8/7/04 |
| Rainfall | | | | | .09 | Ø | Ø |

Sampling Information

Sample Type: 370

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Elby
 Signature

8/9/04
 Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): Anniston, Calhoun, Ala
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|--------|--------|---------|---------|---------|---------|---------|
| Date | 8/9/04 | 8/9/04 | 8/10/04 | 8/11/04 | 8/12/04 | 8/13/04 | 8/14/04 |
| Rainfall | 0 | 0 | .01 | 0 | .12 | 0 | 0 |

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Elley
Signature

8/15/04
Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch

Site location (City, County, State): Anniston, Calhoun, ALA

NPDES Permit Number: ALR

Weekly Rainfall Summary 15 14 13 10 17

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|---------|---------|---------|---------|---------|-------------------|---------|
| Date | 8/15/04 | 8/16/04 | 8/17/04 | 8/18/04 | 8/19/04 | 8/20/04 | 8/21/04 |
| Rainfall | 0 | 0 | 0 | .01 | 0 | .76 IN | 0 |

.31

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

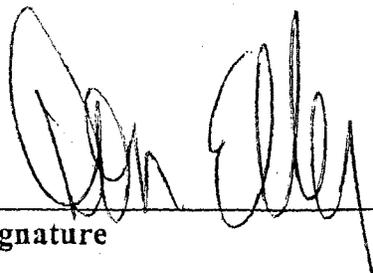
Deficiencies or Required Maintenance: Polymer lined ditch in C section
Function well with no Required maintenance.

Planned Corrective Action: Install hay bales at pipe inlets &
Check domes in C ditch 9+00-13+00

Corrective Action Schedule:

Complete by 8/20/04 - operating as expected after 8/20 rain

Other Comments:



Signature

8/23/04

Date

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th St. Ditch
 Site location (City, County, State): Anniston, Calhoun, Ala.
 NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|---------|---------|---------|---------|---------|---------|---------|
| Date | 8/22/04 | 8/23/04 | 8/24/04 | 8/25/04 | 8/26/04 | 8/27/04 | 8/28/04 |
| Rainfall | 0 | .02 | 0 | .77 | 0 | 0 | 0 |

Sampling Information

Sample Type: (8/23/04) 3 Point Composite by Genesis Env Soltn

Location: C Ditch 1+77

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

None

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Don Allen
Signature

8/28/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th St. Ditch
Site location (City, County, State): ANNISTON, CALHOUN, ALA.
NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|---------|---------|---------|--------|--------|--------|--------|
| Date | 8/24/04 | 8/30/04 | 8/31/04 | 9/1/04 | 9/2/04 | 9/3/04 | 9/4/04 |
| Rainfall | ϕ | ϕ | ϕ | | | | |

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Lopez
Signature

9/4/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Ditch
Site location (City, County, State): Anniston / Calhoun / Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

9/5-9/11

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|------|-----|-----|------|------|
| Date | 9/5 | 9/6 | 9/7 | 9/8 | 9/9 | 9/10 | 9/11 |
| Rainfall | 0 | .03 | 1.27 | .01 | 0 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Dailys

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vajza
Signature

9/11/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: Sun
9/15/04

REPORT NO.:
32/122

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS ~~A~~ Other

TEMPERATURE:

MAX 87 MIN 68

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

NO WORK
Sunday

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

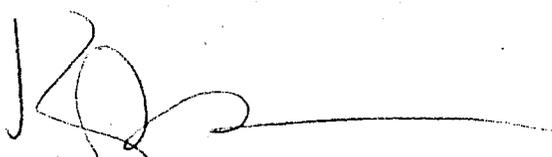
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: Mon
9/4/04

REPORT NO.:
53/121

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 83 MIN 72

PRECIPITATION:

INCHES .03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

No work
(Holiday)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: Tues
9/7/04

REPORT NO.:
348/120

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

Some work - maintenance

CLASSIFICATION:

CLASS Other

TEMPERATURE:

MAX 76 MIN 71

PRECIPITATION:

INCHES 1.07

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. - Flocking System, backhoe, Cont. no. truck
- b. 2 oper. 1 labor
- c. 2 drivers Supervisor
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Have men pumping water through Flocking System making sure ~~the~~ checkdams are in place. 4:00

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

I - Checkdams 4:00
F - working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Check dam to make sure holding sediments correctly

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Pump Water through Fixing System

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay due to weather.

3 loads Rock delivered to property behind 1st stage for mha control
Handling loaded cans to 3 corners

T/T 30

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Watch Step. Things slippery because of rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

9/8/04

REPORT NO.:

35/8117

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 75 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|--|------------|-----------|
| a. Taylor Corp - Machine, Working systems, Power | Supervisor | 7 labor |
| b. (A) 3120 (1) | Operator 3 | 1 machine |
| c. (A) 6740 - 1+11 (C) | 2 drivers | |
| d. (A) 11400 - (B) | 1 labor | |
| e. (A) (B) | 1 TRH | |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 2' deep trench along existing system 3000 Ditch
- (A) 10' x 10' 1175 - removed and laid up area in C ditch
- (A) 2' deep trench crossing in B ditch at 11400-
- (A) Fill in D ditch 3+00 with rock

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(Three)
Inspected fabric - good condition

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORITY

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/9/04

REPORT NO.: 36111X

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 86 MIN 43
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|---|--------------|---------------|
| a. Taylor Corp - concrete truck, concrete mach. | 1 Supervisor | 6 Finishers |
| b. Apex 10+85 (E) backhoe, PC200L | 1 Mechanic | 2 Drifters |
| c. 21+00 - 13+00 | 3 open | 1 laborer |
| d. 8+90 - 8+00 | eps | Fred - Galley |
| e. | N/S | Meredith |
| f. | | Don Williams |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

apx 10+55 - shotcrete
 9+50 - forming and removing rock and dirt
 21+00 - 13+00 clearing area

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(I) Inspected down to top concrete to rail ht. S+37. Satisfactory
 (P) checking grade - (P) correct
 (I) checked pour - noticed problem. Notified provider. Follow in order
 Pulling from form to meet adj.
 (Water Dept)
 (I) Pressurized - no leaks - covering and checking in morning

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density Test
 8+50 100% 14 in. x 22 in. 112 day
 7+90 100% 12 in. x 18 in. 101 day
 7+40 94% 12 in. x 18 in. 101 day

6+85 101 day
 15 in.
 91%

3 concrete cylinders
 Slump 1 1/2
 Temp 90

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

* Refer to Remarks - Randy Wyatt suggestions

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

* 30 min Train Time

* Removing of trees caused pipes to rupture. Water dept called in to repair.

* adj - made to accommodate NIS Per Randy Wyatt +/- 2 in didn't meet 30 in app. Mike Hollis

* 4 loads (2) 4 (2) 24 Stone - Stone on D-Con pad

*

29 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

material - pick up after completion

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

3/7/17

REPORT NO.:

9110104

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 90 MIN 64

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|--|-------------|---------|
| a. Taylor (17+00)(4+50-9+00)(6+50)(3+00)(7+5-7+5) | 8 labor | EPN |
| b. Equipment, 350, Backhoe PC200 LC, 31056 EX200LC | Supervisor | n/m n/m |
| c. Concrete Trucks, 1m Concrete Trucks, 378 | 2 drivers | ERIC |
| d. Anniston Water Works - 13+00 | 3 oper. | |
| e. C N/S - Brian Raker C+S | 5 Transfers | |
| f. | Mechanic | |
| g. | Tommy | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Shotcrete
Laying form 8+95 - 5+00
Removing soil to holding area and landfill 5+50 -

(B) locating 4+65 - relocating signs B

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Fabric - OK (S)
Cement - Slump ^{4 1/2"} (S) - 3 cylinders

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

* Gen. Sv taking sample 6+50 RR
* Slump 4 1/2" 8+30-8+90
* Air content 06.2.8 ag/m3 Twa 018.3
* 7:25 max 23.2.9 kg/m3
* 9:00 min 044.0

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

RR - relocating communication meter box

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delays due to RR, due to communication device being 4ft instead of 22in,
34 min (Train Time)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be alert for trains. Always keep observation of surroundings

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-B)

DATE: 9/11/04

REPORT NO.: 38114

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 89 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|--------------|---------------------------------|------------|
| Taylor Corp. | 2x200cc PC209 backhoe | 3 drivers |
| | Cement trucks, container trucks | 2 Oper |
| Don Williams | DZ B1 B1 B1 | 7 labors |
| | 0+00, 4+00, 1+00, 9+00 | 5 finisher |
| | | RWC |
| | | Tommy |
| | | Estct |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Pouring (shotcrete) 4+00 - 0+00
- (A) Forming S +25 - +
- (A) Removing soil from area 1+00 - 3+00
- (A) Density Test +
- (A) Taking grade
- (A) Wrecking form 9+00

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Slump - (5)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density - 91 dry moist 20 96^{100} (st15) Dts Rem Avg 059.4 ug/m³
 94 dry moist 17 100%
 max. 105.1
 min. 036.2
 ET-8:00
 TWA-024.2

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Boundary debris

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Tunnel under RR per Romes direction. Insulated pipe so not to short line.

37 in. + 1/4

Be aware people protesting

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Proper placement of tool not being used. People made aware.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp.
Facility Street Address: 11th street Ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: NA County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): Anniston AL
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

- Appropriate Discharge and/or Instream Sampling Data Attached. NA
- Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule) See inspection + maintenance report

Based upon the inspection of (Date and Time) _____
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

9/10/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11ST Ditch Project
Site location (City, County, State): Anniston, Calhoun, AL
NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|------|------|------|------|
| Date | 9/12 | 9/13 | 9/14 | 9/15 | 9/16 | 9/17 | 9/18 |
| Rainfall | 0 | 0 | 0 | .08 | .02 | .04 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

K. G. [Signature]
Signature

9/18/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-B)

DATE: 9/12/04

REPORT NO.:

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 88 MIN 72

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
no work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE:

9/13/04

REPORT NO.:

40/114

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

79

MIN

69

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-------------------------|-----------------------|--------------|
| a. Taylor Corp. | 1+60, PC2000, backhoe | 3 oper. |
| b. Entact 3700 | 4+75-4+10, 5+90-5+30 | 6 Fin. slurs |
| c. Anniston Water Dept. | 2+10 | 5 labor |
| d. | | 1 H+S |
| e. | | 1 Superv. |
| f. | | Tony |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Shotcrete 4+75-4+10
forming 5+90-

(B) samples - 3+800

(C) N/D - burst meter

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Slump Taken - concrete

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Slump 2 in 89%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Checking grades

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

1/20

Track Time 20 min

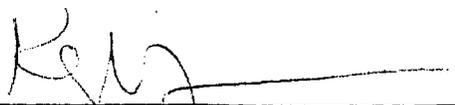
Water to Defarge busted - Anniston Water Dept.
3:75 - 1:30 -

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be aware when train approached
Clear ditch

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/14/04

REPORT NO.:

41 / 113

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 83 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|----------------------------|---------------------------------|--------------|
| a. Taylor Corp. | backhoe, 1 171 container truck, | 6 labor |
| b. 1+60 - 2+20 | PC200LC, BSO, concrete trucks | 5 Finisher |
| c. 9+00 - 9+00 | | 1 Supervisor |
| d. | | 1 Rmic |
| e. B. Anniston Water Dept. | | EPA |
| f. | | M/m-Randy |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

A) Wrecking form 9+00 - 4+17
tunnel for shotcrete 3+25
forming 1+60 - 2+20
shotcrete 1+60 - 2+20

B. Finish Repairing water problem

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(I) checked for holes in fabric

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram -
avg. 0.20.1 ug/m³
max 242.1 ug/m³
min. 0.2.1
ET 900
TWA 0.215

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Taking samples and ~~pictures~~ pictures of foundry debris

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Show top of form to top of track was (OK) per Randy Wyatt
Water dept. finishing problem with bored meter.
Work going fine except delay due to burst water to large

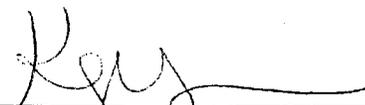
Track Time (24 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Slopes in area 1+40 - 2+50 in slippery on rock. Must use extreme caution.
Be mindful in areas in section also do to being so close to crossing

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 9/15/04

REPORT NO.: 42/112

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 76 MIN 69

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|---------------|---------------------|----------------------|
| a. | Taylor Corp - | 350 concrete trucks | 2 drivers |
| b. | | Back hoe, 2x200cc | 2 oper |
| c. | | 2+20 - 4+20 | 5 labor |
| d. | | 21+00(E) | 5 finishers |
| e. | | | supervisor |
| f. | | | |
| g. | | | (EPA/RWIC mtr bands) |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2+20 - 4+17 - Shotcrete
21+00 - removing debris
21+00 - key check dam - 6 biles

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Geo mat - Satisfactory
Line mesh - (S)
F. n - mets requirements

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Ran - Data ran not needed
No density test today

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Getting prepared for weather (Hurricane)
checkdams
BMP Plan

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Track Time 29 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Watch footing due to rain

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

9/14/04

REPORT NO.:

43/111

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS 3

TEMPERATURE:

MAX 76 MIN 70

PRECIPITATION:

INCHES 4.48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

NO WORK
(HURRICANE)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(A) Inspected area - Secured everything

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

9/17/04

REPORT NO.:

44/119

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS E

TEMPERATURE:

MAX 84 MIN 66

PRECIPITATION:

INCHES 0.03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. (equipment) Backhoe Flooding System
- b. ZITCO - C3 ditch pump EX2000
- c. labor Tommy
- d. 1 supervisor
- e. 1 PW
- f. 2 drivers
- g. 2 Oper

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) making some checkdams in place and working properly ZITCO
- (A) Spreading gravel + - +
- (B) Pumping water through Flooding system - Handled D ditch
- (A) D-ditch laying riprap checkdams
- (A) C-850 checkdams

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

checkdams - ~~to~~ replace

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

N/A

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Remove debris brought in from water and wind.
Repair checkdams due to heavy rain

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delays due to hurricane

Track Time 7 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be extra careful due to rain and wind. Weather washed
alot of debris in ^(work) area.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

9/18/04

REPORT NO.:

45/109

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS E

TEMPERATURE:

MAX 83 MIN 59

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|----|---------------------------------|------------|
| a. | Taylor Corp - 21+00 (E) - 13+00 | 2 Oper |
| b. | | 2 driver |
| c. | | 5 labor |
| d. | | Supervisor |
| e. | | RWC |
| f. | | Tommy |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(a) 21+00 Laying Form, removing soil from embankment
13+00 checking grade

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

checking grade 13+00

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Water Run - S/T 7:23 avg/041.1
ET 7:00 max/083.0
TWA 016.6 min/000.0

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

laying gravel in + Sec

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NO concrete today, forming 2100 - in prep for Monday

36 min Track Time

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Be careful on steep embankment - watch & listen for trains
longer ladder

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Taylor Corp
Facility Street Address: 11th ditch
Facility Contact/Title: Ray Vaughan
Phone Number: 833-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: MA County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): Anniston
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): 11 acres

- Appropriate Discharge and/or Instream Sampling Data Attached.
- Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 9/17/04 500pm
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Ray Vaughan Ray Vaughan 9/17/04
Name of Responsible Official Signature Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch
Site location (City, County, State): C Anniston, Calhoun, Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|-----|-----|------|-----|-----|-----|
| Date | 9/19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Rainfall | Ø | Ø | Ø | 0.02 | Ø | Ø | Ø |

Sampling Information

Sample Type:

Location:

Analysis:

Inspection Results

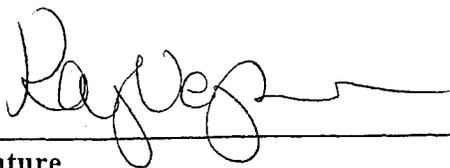
Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:


Signature

9/25/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/19/04

REPORT NO.:

44/108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 81 MIN 55

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

NO WORK
Sunday

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

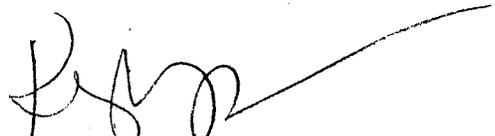
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

SAFETY: (List any infractions of approved safety plan, safety manual or instructions and specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

9/20/04

REPORT NO.:

471108

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 81 MIN 54

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | |
|---|--------------|
| a. Taylor Corp. | 1 Supervisor |
| b. Equipment (EX200LC, PC200LC, container trucks) | 1 EPA |
| c. Shotcrete shooter, backhoe, Detercam | 1 M/M |
| d. 21+00(B) Heutz | 4 Finisher |
| e. 13700 | 4 Isbar |
| f. | 3 Oper |
| g. | 2 drivers |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Shotcrete - 21+00(B)
Laying fabric & forming (B) 18+50 - (E)
watering roadway (B)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Fabric (S)
Wire mesh (S)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

| | | |
|---------------------------|-------------|-------|
| Density - 3 cy. 2nd track | 20+00 - 103 | 16.4 |
| | | moist |
| Stamp 1" 81° | 21+00 | 104 |
| | 18+05 | 105 |
| | 17+55 | 105 |
| | | 13.5 |

Detercam
Aug - 003 14/11/03
max - 275.3
S/T 8/11/0000
ET 8.00
TWA 001.2

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Start C ditch first thing in morning

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Water down roadway

15m Track Time

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Use Sledgehammers properly

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 9/21/04

REPORT NO.: 48/1107

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 83 MIN 59

PRECIPITATION:

INCHES ∅

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp ^{trucks} concrete ~~drilling~~ equipment - 1550, 37P
- b. Anniston Water Dept 15+50 ^{Backhoe, Excavator, PC220LC}
- c.
- d. 20+10 (B) - 15+50
- e. 17+00 (C) - 7+50
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- 1) 20+10 (B) Shotcrete
 - 2) 21+00 (B) blocking form
 - 3) 17+00 (C) starting to dig in this area
 - 4) 15+50 (B)
 - 5) Water dept 15+50 (B) - fixing water leak
 - 6) 17+00 - 7+50 - running drain pipe along fence line
- Supervisor
 3 ops.
 1 driver
 3 finishers
 6 laborers
 1 mechanic
 1 EPA
 1 M/M

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

APCO ditch - check to get ready to shotcrete ditch

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

| | | | | | |
|---------|------------------|-------------------|-----------|------|-----|
| Density | Aug. 021.5 ug/m3 | Density 16+55 (D) | 102.5 (M) | 14.7 | 96% |
| | MAX. 541.2 | 16+05 | 102 | 14.8 | 96% |
| | Min. 008.5 | 15+60 | 102 | 15.5 | 97% |
| | S/T 7.45 | 15+10 | 105 | 15 | 98% |
| | ET 7.00 | 14+15 | 104 | 15.2 | 98% |
| | TWA 010.1 ug/m3 | | | | |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

run drainage down fence line in C ditch for proper drainage

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

No incoming materials

Track Time - 22 min

Cot 3 sections poured
formed to 16+55

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Caution getting out of ditch
very steep slope.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Key

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE: 9/22/04

REPORT NO.: 49/106

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 83 MIN 59
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|------------------|------------|----------|------------|
| a. Taylor Corp - | APCO ditch | Trencher | Supervisor |
| b. PL personal | | Backhoe | 3 oper |
| c. | | PC 2000C | 1 driver |
| d. | | | 3 finisher |
| e. | | | 5 labor |
| f. | | | 1 mechanic |
| g. | | | 1 EPA |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

A) APCO ditch - Shotcrete - no forming also laying pipe.
~~Contract forming 16'~~
 (B) Locating Signal cable

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

make sure no leaks in drainage pipe

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dusts Kam Aug 13.9 ug/m³
 TWA 0072
 MAX 073.9 - 01.9
 Min. 0000
 ET 9.00
 ST 722

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Dig trench to relocate Signal (KR)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Ran upon busted hose on P22000 & period problem

No material delivered

Concrete delivered APCO ditch

24 min Track time

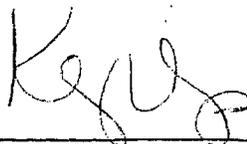
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

(None)

Use Caution when working on APCO property.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER*1180-1-6)

DATE: 9/23/04

REPORT NO.: 50/105

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 87 MIN 56
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------------------|--------------------|---------------|
| a. | Taylor Corp - APCO ditch | (equip) EX200LC | Supervisor |
| b. | 12+50, 3+80 | Backhoe | 3 Oper |
| c. | | Backhoe | 1 driver |
| d. | | Cont. net | 3 Finisher |
| e. | | | 4 labor |
| f. | | | 1 RMC Arch |
| g. | | | 1 EPN Tiffing |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Relocate utility cable 14+23 —
 12+50 - test dig
 16+25 Digging trench for utility cable
 3+80 - shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(RR)
 Inspect area for relocating utility cable.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Delta Ram

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Stay with 15 foot running utility cable

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Load of 24" Rip rap,
Getting signal cable in trench

Track Time

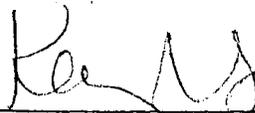
20min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Zero Tolerance - watch for trains

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/24/04

REPORT NO.: 51/104

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 86 MIN 61
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-----------------------------|-------------|------------------|
| a. Taylor Corp. | (C) 16+23 (W) (B) 15+50 (E) | (Equipment) | Excavator |
| b. RR Personnel | | | Container trucks |
| c. Gallet | | | Dump Trucks |
| d. | | | BSD |
| e. | | | Backhoe |
| f. | | | Data Ram |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Trench to relocate utility cable 16+23 (W)
 (A) 15+50 (E) forming
 (B) adjusting switch
 (C) Gallet - Slump

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(P) Sample dig of trench 12+50 to check for possible water.
 (I) NONE
 - Continue with trench

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - S/T - 9.54
 E/T - 3'00
 TWA - 031.8
 min - 009.6
 max - 282.5

Slump 4th Truck
 2 1/2 88°

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

28 days (now) 18+15-18+50(B)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Concrete Finishers were short handed, First load set up quickly.
Don Williams requested conc be done 28 days.

Track Time 27 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Watch for wire.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 9/25/04

REPORT NO.: 521103

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 85 MIN 61

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | | |
|----|-------------|------------|---------|-----------|------------|
| a. | Taylor Corp | 116+23 (C) | (Equip) | Excavator | Supervisor |
| b. | | 13+00 (B) | | Data Ram | mechanic |
| c. | | | | Compactor | 1 driver |
| d. | | | | Backhoe | 3 oper |
| e. | | | | | 6 labor |
| f. | | | | | |
| g. | | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

116+23 - digging and filling trench - compacting
13+00 - forming

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Dug 22in to locate cable to tie in to utility

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - Avg. 119.8
MAX 0.53
TWA Min 0.38
04.3 S/T 1.15
ET 8:00

Density - 12+95 (O) utility ditch
Dry - 125.5
Moisture - 12.0
100%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Due to weather - pouring sand spreading and compacting to make sun covered.

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

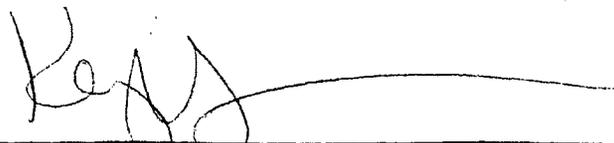
Hose busted on equipment - short delay
Sand brought in to fill trench
Clay brought in also to fill trench
Using trencher to make 10ft dig so not to cause causer ok by Randy Hyatt
from bates

Track Time 27 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: Monsanto 11st ditch
 Site location (City, County, State): Anniston, Calhoun AL
 NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|------|------|------|------|
| Date | 9/26 | 9/27 | 9/28 | 9/29 | 9/30 | 10/1 | 10/2 |
| Rainfall | 0 | 0 | 0 | 0 | 0 | 0 | |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

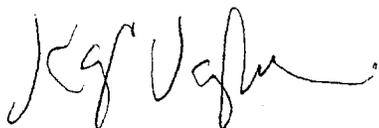
Deficiencies or Required Maintenance:

See daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:


 Signature

10-2-04
 Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

9/26/04

REPORT NO.:

531102

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

A

CLASS

TEMPERATURE:

MAX 84 MIN 60

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
- no work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-8)

DATE:

9/27/04

REPORT NO.:

541101

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 84 MIN 60

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp 18+00, 14+15(E)
- b. Fish Wildlife - 0190
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Shotcrete 18+00(E) B ditch
- (A) Forming 14+50 (E) B ditch
- (B) Taking samples 0720 over 50 cone

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Materials - Satisfactory

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Dust, Res -
TWA 0.25.6 ug/m³
min 0.00.2
max 4.28.9
Avg 0.33.2

Fish and Wildlife (NA)

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Wild life personal taking sample - NO decon suits.

Delay - NO dig in C-ditch due to waiting on RR personal to finish tying in utility cable.

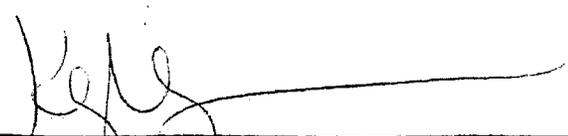
(Track 2.1)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Wild life - no decon suits in use SD 0490

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/28/07

REPORT NO.: 551100

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 80 MIN 68
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-----------|----------|------------|
| a. | Taylor Corp. | 0700 (B) | 1800 (E) | Supervisor |
| b. | | 1250-1540 | | 4 lines |
| c. | | | | 6 labor |
| d. | | | | 1 machine |
| e. | | | | 2 labor |
| f. | | | | 1 spec. |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) ~~B~~-ditch 0700 ~~excavating~~ excavating in over 50 areas. Used proper decom procedure. filling with 4in rock to bring it to proper level.

(A) (B) laying form, wire mesh.

(A)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

APCO (Steve) inspected ditch very satisfied.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

D - P
 ST 7:25
 EFT 8:00

Avg. 128.0
 max. 5588
 min. 500.0
 TWA 076.2

Sta 1 1 1/2 89° 10+80
 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Dig in dirt SO. made sure proper PPE is worn and clean procedures are followed

Track 23

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

9/29/04

REPORT NO.:

56199

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 80 MIN 61

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------------------|-----------|-------------|
| a. | Taylor Corp (B) 15+00(E) | exc 200LC | Supervisor |
| b. | (D) Ot 23 | Backhoe | 4 Finishers |
| c. | | BSO / 1PS | 5 labor |
| d. | | | 1 mechanic |
| e. | | | 2 oper |
| f. | | | 1 driver |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

15+00(E) - shotcrete and finish forming
Ot 23 (B) Excavating, shaping and filling with rock.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Chris, Don, Mike, Kandy, Ronnie walking site

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram - refer to
air monitor Log

Slump 3 3/4

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

None

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Decon procedures being done correctly, progress is moving along. Over 50 dig being filled in with rock to get ready to form

Track Time 24 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 9/30/04

REPORT NO.: 57/98

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 82 MIN 54

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. B-131800C Supervisor
- b. B-023
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 131800C Shutter
- (A) 023 forming

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Room refer to
air monitor daily
log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Completed 2m² Sec (B) 13+80-15+00
forming complete also in 13+80 (E)
fabric applied in D123(B) at Cldyudal

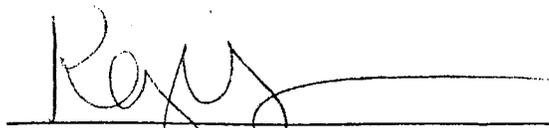
Track Time 32min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE: 10/1/04

REPORT NO.: 58797

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 82 MIN 65

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|------------------|---------|
| a. | Taylor Corp. | 16+00 (B) ← EAST | PC200LC |
| b. | | D4 | Backhoe |
| c. | | | |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

16+00 - Wrecking form, shotcrete
D4 + shooting, elevation, excavation

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data - Ram
Refer to
Air monitor
Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NOV 19 10 10 AM '19

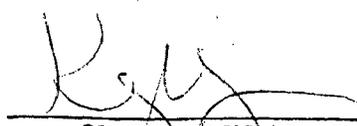
TRACK TIME 19

TrackTime 19

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Jaylor Corp
Facility Street Address: 11st ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: N/A County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest ¼ section): _____
Nearest Named Receiving Stream: Show Creek
Disturbed Area Draining to Receiving Stream (acres): _____

- Appropriate Discharge and/or Instream Sampling Data Attached.
- Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: **Current activities (Deficiencies corrective actions, including compliance schedule)**

Based upon the inspection of (Date and Time) 5:00 pm 10/2/04
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

10/2/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch
Site location (City, County, State): Anniston, Calhoun Co. AL
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|-----|-----|-----------------|------|
| Date | 10/3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Rainfall | 0.01 | 0.01 | 0.01 | 0 | 0 | 0.05 | 0.05 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Defs

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Wagoner
Signature

10/10/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/21/54

REPORT NO.:

S-1194

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS DA

TEMPERATURE:

MAX 84 MIN 62

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp 121 a 000 11th-2436 P. 04007
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

121 2 1/2" - finished excavation & laying concrete
B 21 100 - working form

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Progress in D4 - Subfactory Completed because there is ready to start forming.
Setting up things to continue Monday.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/3/04

REPORT NO.:

60195

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 82 MIN 66

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. Sunday No work
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

10/4/04

REPORT NO.:

61/99

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 85 MIN 52

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp 1188 10-01-23 (B) PC 7000
- b. 7110 (C) Backhoe
- c. B.S.U.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (B) 1188 10-01-23 (B)
- (C) 7110 (C)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Perkins
Dkt. 1 10/12/04 TWA
Prime 0.000
Mater 01.00
Ave 0.28.9

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Track Time 10 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Payley

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE: 10/5/04

REPORT NO.: 62193

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 82 MIN 64

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|------------------------------|--------------------|-------------|
| a. | Taylor Corp - 1+16(1D) Dr | PC 200LC | 5 formers |
| b. | RR Signal Personal 7+70-9100 | B50 | 3 finishers |
| c. | 1+58 | EX 200LC | 3 open |
| d. | 2+36-1(E) | Excavator | 1 mechanic |
| e. | | watering equip | 1 driver |
| f. | | Dump truck | supervisor |
| g. | | Container - trucks | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 1+16 - Forming
 - (A) 7+70-9100 excavation, compacting
 - (A) 1+58 - wrecking form
 - (A) 2+36-1(E) - Shotcrete
 - (B) RR - Fixing in utility cable
- 1 Tandem (Miller)
6 Container (7+90-9100)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to
[unclear]
[unclear]

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2158 - All but one Section completed 54 yrd. concrete
8100 - Drainage Pipes exposed. Ready to be removed.

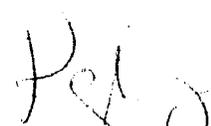
Track Time
17 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/6/04

REPORT NO.:

63191

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 85

MIN 57

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idling or working as appropriate.)

| | | | | |
|----|-------------|------------|------------|------------|
| a. | Taylor Corp | 0+58 | EX200 LC | 5 Formers |
| b. | | 7+80-10+50 | PC200 LC | 3 Finisher |
| c. | | | Backhoe | 3 Oper |
| d. | | | B50 | 1 mechanic |
| e. | | | Dump Truck | 1 driver |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

7+80-10+50 excavation, forming, elevation
0+58- Shotcrete-finishing

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS: Comp moist

Refer to
Air monitor
Log

Density 8+25 99% 18%
8+75 98% 17%

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

excavation completed to 10+50-d-
form completed to 9+00-d-
D4 Sec. completed

(McKroy)
< 3 tandem loads
5 container
- 1 load 4 in modified

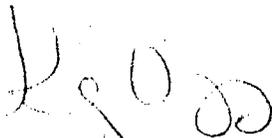
Track Time
24 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/7/04

REPORT NO.: 104191

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 73 MIN 61

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp HAD-1100
- b. Genesis
- c. Galt
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Taylor Corp - forming, excavation, bracing form 4 container loaded
- (B) Genesis - Taking Sample 2 tandem loads delivered
- (C) Density 45 yrd concrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Genesis Taking Sample

| | | |
|---------|-----|-------|
| Density | | |
| 100% | 17% | 10/60 |
| 100% | 16% | 10/90 |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Excavation Completed to 1100
forming to 9750

2 T. rd m load
4 containers

Things progressing great,

T/T
30 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/8/90

REPORT NO.:

67/90

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

74

MIN

58

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp.
- b.
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Forming 9+50 Ditch
Excavating 11+00(W) Ditch

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

0

Data Ran
See Daily Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

(Reed) B50 Pump broke - calling company

1 Load 4' gravel

4 containers loaded 11:00 (W)

3 tandem beds - Three corners

Excavation completed to +

form completed to +

T/T 25 min

11yd concrete

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 10/9/04

REPORT NO.: 66187

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 74 MIN 62
PRECIPITATION:
 INCHES 0.05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------|------------------|------------|
| a. Taylor Corp. | 9+15-8+8)6 | Supervisor |
| b. | 14+00(6) - 16+23 | 3 finisher |
| c. | | 2 labo. |
| d. | | 1 mechan. |
| e. | | 3 opr. |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

9+15-8+80 - shotcrete, forming - (w) +
 14+00(w) - excavation

EX200LC
 PC200LC
 Mini Backhoe
 185
 Bobcat 763
 Backhoe

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Ran Info.
 (Rain)

| | | |
|----------|------|------------|
| Density | (m) | (D) |
| 13+60(C) | 100% | 17.3 101.1 |
| 14+75(C) | 100% | 17.0 107.3 |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Shotcrete remainder of Sec incomplete
Finished excavation of that Sec C-ditch
formed to +

Containers
(2) 13460-16400

Concrete
24 yd.

III
17 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None. Tailgate meeting on safety plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11st Ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: N/A County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest ¼ section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: **Current activities (Deficiencies corrective actions, including compliance schedule)**

Based upon the inspection of (Date and Time) 10/15/04
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

10/15/04
Date

Title

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/10/04

REPORT NO.:

6-1/88

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS OFF

TEMPERATURE:

MAX 74 MIN 65

PRECIPITATION:

INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
(NO WORK)

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

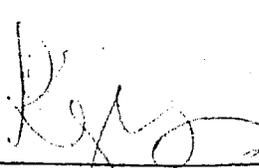
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-B)

DATE:

10/11/04

REPORT NO.:

60137

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 80 MIN 67

PRECIPITATION:

INCHES .14

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. 2400(B)-B-
- b. Bob's Outense 12+03(W)-C-
- c. Taylor Surveyors 16+23(W)-C-
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 2400-B-(B) - cutting excess fabric from edge of ditch.
- (A) 12+00-16+23 - laying fabric & forming
- (W) Checkdam
- (B) Serviced Port-olts (C) Topo

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
(Rain)
NO Info.

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NO concrete - Due to pending weather
Got remainder of ditch covered with fabric

T/T 20 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Tailgate meetings to brief on Safety
Hazards on Site

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/12/04

REPORT NO.: 69186

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 82 MIN 65
PRECIPITATION:
 INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|------------------------------|----------------|---|
| a. Taylor Corp. | 10+00 - 9+30 | C |
| b. Exploit Gillet | 11+20(W) 13+00 | C |
| c. Action | | |
| d. Taylor Surveyors | | |
| e. | | |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 10+00 - 9+30 - Shotcrete
 11+20 W - 13+00 - Forming

(B) Taylor - Topo

(B) Gillet - See test required

(C) Action Trucking - ~~containers~~ ^{drop of} containers and hauled to miss. (3) cans

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 See log.
 Mohara
 11/12

Gillet Temp. 88
 Slump 1"
 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Action - dropped 6 cans, hauled 3 to miss.
Continued shotcrete Cditch. 2 sec.

3 new hired

Got in 4 bulkheads and continued forming (W) to 13+00

SOya. concrete

T/T 25 min.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE: 10/13/04

REPORT NO.: 10185

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 67 MIN 58
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

a. Kybor Corp. 11720/12140 C
b. 13150/10 C
c. _____
d. _____
e. _____
f. _____
g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

11720-12140 - drainage
13150/10 - grading

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None
Refer to [unclear]

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2 mile S.W. - complete concrete ditch
Grading is coming along very well in ditch,
almost completed.

177-31min
Concrete - 50% yd.

1 truck has rejected ^{repacked} (concrete)
Ditch dig has started.

(Action/ins)
7m2500L of
1m2500L of
1m2500L of
1m2500L of

Equipment
PC200LC
ex 100 cc
min. or more
Brenner
B.50

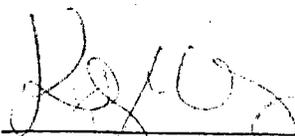
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

Note -

Tailgate meetings covering Precautions.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

REPORT NO.:

10/19/84 71/84

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 67 MIN 49

PRECIPITATION:

INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| a. | b. | c. | d. | e. | f. | g. |
|--------------------|---------------|------------|--------------|----|----|----|
| Taylor Corp. | 12+10 - 14+25 | Supervisor | Equipment | | | |
| Taylor Contractors | | 4 labor | Exc | | | |
| Kirkpatrick | | 4 labor | Exc | | | |
| Action Resources | | 8 labor | Exc | | | |
| | | 1 mechanic | Mini Backhoe | | | |
| | | 1 laborer | Exc | | | |
| | | 2 labor | Exc | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- A) Taylor Corp. 12+10 - 14+25 - Spillway, Forming
- B) Taylor Contractors
- C) Kirkpatrick - Spillway concrete
- D) Action Resources - Handling concrete to spillway

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Done
in Al

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

ECT 63 - Had to cold joint because the concrete hose stopped up
1 hr. down time.

ECT 417: 13 Hds - Finished Sec. Shotcrete

working on it at 11:00. Things going much faster.

7 containers (HW) brought back. 1 (can) hauled to miss.

0.19 - excavation going good. Applying gravel

2/11/00

T/P 25 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/15/04

REPORT NO.: RZ 183

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 65 MIN 41

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | | |
|----|-------------|---|---|-------------|-----------------|
| a. | Taylor Corp | + | + | 6 labor | Excavator |
| b. | | | | 4 Finishers | PC 200LC |
| c. | | | | 4 oper | Backhoe |
| d. | | | | | B-50 |
| e. | | | | | Flocking System |
| f. | | | | | |
| g. | | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

+ - + Shotcrete
 25+00 - applying fabric (F-1)
 23+46 - end of over 50 Sec F-1 Complete - covered
 Check dam (Jute + Sandbag)
 C&B ditch throughout area knocking for and cleaning areas.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 See Air monitor
 Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Over 50 Sec. Excavated and covered (geo-) 25+00 - 25+46 (F-1)
Using Flocking System in F-1 to redirected Later flow

23+46 - Jute and sandbags

+ - Digging under tracks for drainage.

28 yd
Concrete

3 cans loaded over 50
25007 } 25+00
25012 } E
25015 } 25+46

(McCarthy)
7 load Rock (3) Pile - 77.81 (H)
(4) ~~McCarthy~~ Harris 100.58 (H)

TTT 15 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 10/16/04

REPORT NO.: 73182

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS Other
TEMPERATURE:
MAX 72 MIN 40
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

a. _____
b. _____
c. NO WORK
d. _____
e. _____
f. Witness
g. _____

1. **WORK PERFORMED TODAY:** (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. **TYPE AND RESULTS OF INSPECTION:** (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris became very ill.
Don added days back.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Ditch
Site location (City, County, State): Anniston, Calhoun, Al.
NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|-----|-----|-----|-----|-----|-----|
| Date | 10/4 | 11 | 12 | 13 | 14 | 15 | 16 |
| Rainfall | .03 | .19 | .07 | 0 | .01 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Dwyer
Signature

10/15/04
Date

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch Project
Site location (City, County, State): Anniston, Calhoun, Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|------|-----|-----|-----|-----|
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| Rainfall | 0 | 0 | 2.18 | .01 | .01 | 0 | .48 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

See Dailys

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay C. [Signature]
Signature

10/23/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/17/04

REPORT NO.: 74/181

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS 0

TEMPERATURE:

MAX 78 MIN 49

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

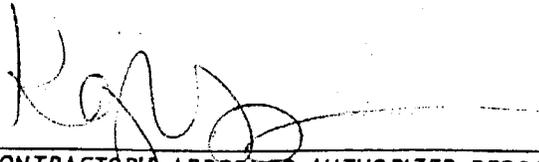
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(CR-1180-1-8)

DATE: 10/18/04

REPORT NO.: 75/80

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 79 MIN 60
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------|---------------|-------------------------------|
| a. Taylor Corp. | 25+00 - 21+00 | (equip) Backhoe, PC200LC, B50 |
| b. Kirkpatrick | 13+50 - 15+20 | 1 mechanic |
| c. | C+B ditch | Supervisor |
| d. | | 8 labor |
| e. | | 4 oper. |
| f. | | 1 driver |
| g. | | 4 finishers |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 25+00 - 21+00 - ~~Shoring~~^{forming} - excavation
 (A) 13+50 - 15+20 - Shotcrete
 (A) C+B ditch - cleaning entire area of scrap materials
 (B) Kirkpatrick - Delivering concrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Density
 22+60 - P₁₀₂ m 17 95%
 23+05 - D10216 m 16.8 96%
 6th Track 14400 3 cylinders 82° 2" slump

Data Kam
 See Air monitor Log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

25+00 (E) forming is coming along very well.

18+50-15+20 (W) - 3 Sec poured - 2 Sec left

21+70 - 2" Pump - re-directing water down stream

B+C - Area cleaned of materials and excess fabric

2 cans banded

108549

107769

Concrete - 70 yds

TTT - 30 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to cover possible
Safety Hazards

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/19/04 REPORT NO.: 76179

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B
TEMPERATURE:
MAX 73 MIN 64
PRECIPITATION:
INCHES 2.18

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|---------------------|-------------|--------------|------------|
| a. Taylor Corp. | 15+10-15+85 | Excavator | Supervisor |
| b. Action Resources | 25+10-7E | PC 200LC | 8 Labor |
| c. | | P-50 | 4 Finishes |
| d. | | Backhoe | 4 Specs |
| e. | | Mini-Backhoe | 1 Mechanic |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 15+10-15+85 Station #0
(B) 25+10- Apply lime mesh, grade stakes
(C) Action Resources - 3 cars to Emelle - Brought back 2 cars (I+I)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

(NO) (No) mem. for (Plum)
No Test

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

2 loads of concrete Poured. 1 Load returned due to Storms work at a standstill due to weather.

3 Tomiso
10770
75015
10772

27 yds - (9) yds returned
(18) yds poured
T/T
15 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE -

Tailgate melting to cover safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

175/20/34 | 77/78

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS E
TEMPERATURE:
MAX 75 MIN 64
PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-------------|------------|--------------|
| a. | Taylor Corp. | 15+50 (C) | Supervisor | 2x200 cc |
| b. | | 16+23-15+50 | 4 Finisurs | PC 200 cc |
| c. | | 15+20-15+85 | 4 Oper | Mini Backhoe |
| d. | | | 8 Labor | Backhoe |
| e. | | | Mechanic | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
(A) 15+50 (F) - Working Form
(M) 16+23-15+50 - Forming
(4) 15+20-15+85 - accessing water damage

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)
P - making sure Rocking system is working properly
Checking water pipes

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing
Karrid

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Accessing damage from heavy rain that came through.
Serious damage to sidewalk due to water under floor.
Delay in that area due to se panel has to be pulled up.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Safety meetings

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

10/21/01

REPORT NO.:

78/77

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

E

TEMPERATURE:

MAX

76

MIN

61

PRECIPITATION:

INCHES

.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|--------------|--------------|------------|
| a. | Taylor Corp. | Top of ditch | B-50 | Supervisor |
| b. | Gallet | 21+50 + | 185 | 3 finisher |
| c. | Water Dept. | 15+00 | Excavator | 4 Oper |
| d. | Taylor Corp | 21+50 | PC 200LC | 9 loader |
| e. | | 21+40 | Mini Backhoe | Mechanic |
| f. | | | Backhoe | 1 driver |
| g. | | | P 37 | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Taylor Corp, 21+50 - water dept assists to test chloramine system is not.
- (B) Gallet (area) - Temp Slump
- (C) Water Dept 21+50
- (D) Taylor taking drums

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No calc monito -
(AULT)

Gallet
3 1/2 Slump 83'
4" Trace
25+30-24+70 F1

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given, deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

15+20-15+35 Reformed Area, Reset bulkheads and getting ready to structure in the morning.
22+50 F1 - Forming around headwall.

T/T - 25 min.

Concrete T3 yet.
2 load rejected 52 gal water

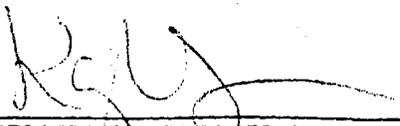
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None-

Fac. Gate meetings to discuss headwall.
Slips, trips, fall

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-8)

DATE:

10/11/16

REPORT NO.:

79116

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 75

MIN 63

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|---------------------|-------------------|--------------|-------------|
| a. | Taylor Corp. | 15+20-15+80 | Mini backhoe | 8 labor |
| b. | Anniston with 21160 | 21+60 F-7 | Backhoe | 2 finishers |
| c. | | Boach 21160s 2100 | PC200C | 4 oper |
| d. | | | | 1 driver |
| e. | | | | mechanic |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Taylor - 15+20-80 - Shotcrete
Excavating 21160 - Welding

(B) Anniston - Excavating small ditches

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Initial inspection to determine if depth of ditch is correct.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Water Tests
Yes
Anniston 21160
10-19-16

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Setting grass seed-B- spread, finished Wrecking form
Completed C ditch.
Progress coming along F ditch.

2 cans loaded over 50
107772
107770
3 cans less than 50
113100 113095
113101

18 hay (chickidams)

TTT-33 min
89 yd.

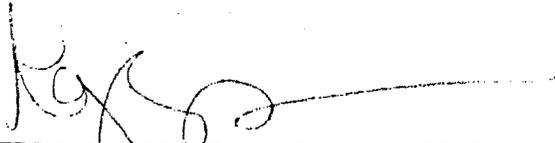
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meetings to
discuss safety concerns.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE: 10/23/04 REPORT NO.: 80175

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS A. 48
TEMPERATURE:
MAX 73 MIN 60
PRECIPITATION:
INCHES .48

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|--------------|------------|
| a. Taylor Corp. | 25+30-20+50 | EX200LC | 6 labor |
| b. | 2 | PR200LC | 1 mechanic |
| c. | | Backhoe | 3 oper |
| d. | | mini backhoe | 1 driver |
| e. | | weed eater | Supervisor |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
 (A) 25+30-20+50 - 1 necking form, forming, flocking system

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:
 Data Run
 See air log

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

F-1 25+30 - 17+00
wrecking form 25+30 (S)
forming F1 2 sec.
No concrete today
Checking grade - laying gravel
flocking system in place and 2' pumping out

T/T - 25mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss
Safety plans

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11ST Ditch
Facility Contact/Title: Kay Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: _____ County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest ¼ section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): 11 acres

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 10/23/04 5:00
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vaughan
Signature

10/23/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11st Ditch

Site location (City, County, State): Anniston Calhoun Alabama

NPDES Permit Number: ALR _____

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|-----|-----|-----|-----|-----|
| Date | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Rainfall | .02 | 0 | .01 | .03 | .11 | .01 | .01 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Kay Day
Signature

10/30/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

10/24/04 181/14

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 79 MIN 58

PRECIPITATION:

INCHES .02

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday
- No work

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

iciencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 10/25/04

REPORT NO.: 82173

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al.

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 83 MIN 65
PRECIPITATION:
 INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------------|---------------------|--------------|------------|
| a. Taylor Corp. | 17+00 - Air monitor | PC200LC | Supervisor |
| b. B'nork Pumphouse | 18+50 (E) F-1 | EX700LC | 4 oper |
| c. Act. on Resources | 20+40 (E) F-1 | Backhoe | 4 finisher |
| d. | 19+00 - 17+50 | B-50 | 7 labor |
| e. | | 18.5 | Mechanic |
| f. | | mini backhoe | 2 drivers |
| g. | | Air monitor | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

17+00 - air monitor
 18+50 - 6 cans load excavation
 20+40 (E) - Forming
 19+00-17+50 - compacting, spreading gravel
 (C) - Took can to miss. ~~Back~~ Dropped one off.
 (B) cleaned Port-o-lots

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

| | | | |
|---------------------|-------------------|------|--------------|
| Data Ram | Density (m) F-1 | | |
| Ill Air monitor log | 21+25 - 103.4 | 17.3 | 80° 3" Stamp |
| | (B) 20+70 - 102.6 | 16.8 | 3rd Truck |
| | 18+50 - 103.7 | 17.2 | 3 cylinders |
| | 17+60 - 107.5 | 16.7 | 23+00-23+50 |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

(20+40) - 3 Sec formed and ready to shotcrete.
3 Sec poured (22+85 - 20+95)

(19+00 - 17+5) - compacting, placing gravel

(cans loaded) Action Resources

107913

Pick up 1 can

107922

Relieved 1 can

107904

Had problem with can leaking
opened can back up to apply stuff to
stop the leak.

107905

108555

107912

54 yd. concrete

T/T 29 min

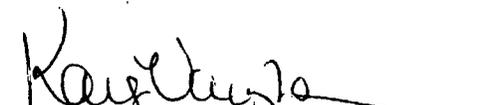
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from owner. Specify corrective action taken.)

None

Tailgate meeting to discuss
safe working.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/25/04 REPORT NO.: 83172

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 82 MIN 59

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|------------------------------|------------|------------|---------------|
| a. Taylor Corp. | 2000-25+95 | 3 Oper | EX200LC |
| b. Workmans Comp. Inspection | 19+75 | 4 Finisher | PC200LC |
| c. | 19+20 | 8 labor | D-50 |
| d. | | Mechanic | 185 |
| e. | | 2 drivers | Bechtel |
| f. | | Supervisor | Minibulldozer |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 11+20 forming.
25+95-11+75 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

PVC pipe location to pump water to 13+00.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ran
See air monitor
log

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris has repeatedly spoke to Leo Truss concerning Wemmighes Safety glass. We purchased a pair just to accommodate his ear problem. He refused to wear it so if a injury occurs he has been warned. Workmans Comp will not be reponsible in this situation. (per Chris)

3 Sec. Poured Excavation to 18+50(6)
3 Sec. Formed.

8 cans loaded
3 delivered in ~~trucks~~ ^{loaded} - 3 corners

8 cans loaded
63 yd. concrete
T/T 25 mins.

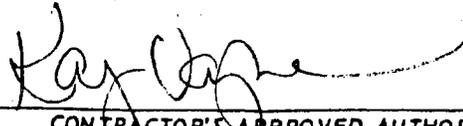
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss working situation in tight locations.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-0)

DATE:

10/27/04

REPORT NO.:

84/71

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

80

MIN

62

PRECIPITATION:

INCHES

.03

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|-----------------|------------|
| a. Taylor Corp. | 13+50 | Excavator | 3oper |
| b. Gallet | 20+50 | PC 2002C | 4 finisher |
| c. | 0+00 GS | B-50 | 11 Labor |
| d. | 19+15-18+55 | 185 | 1 mechanic |
| e. | | mini backhoe | Supervisor |
| f. | | Backhoe | 2 driver |
| g. | | Flocking System | |
| | | 2nd Pump | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 13+50 - excavation
19+15-17+35 - Shotcrete

(B) Density - Slump

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

See Air monitor log.

(G) Gallet

| | D | m | |
|---------------|---------------|------|-----|
| Cylinders | 13+00 - 104.5 | 16.5 | 98% |
| 18+55 - 19+75 | 13+50 - 103.3 | 16.6 | 96% |
| 2" Slump 83" | 13+75 - 103.3 | 16.8 | 96% |
| | 12+75 - 103.5 | 17 | 96% |

7. VENDOR INSTRUCTIONS RECEIVED: (LIST any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Meeting to discuss issues.

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Geo Truss has been warned repeatedly concerning wearing his safety glasses. He was furnished glass to accommodate his situation. Yet he still is not wearing them. Per Chris Cay. He is not liable for Workmans Com if any accidents due occur associated with this issue.

Excavation has reached 10+00.

On-site walk through - Don, Tommy, Mandeth, Chris, Tiffany, & Btd.

3 sec. poured

3 sec. formed

(72 yrd concrete) (130.52 Tons Rock) (TTT 30 mins)

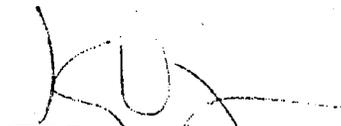
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tr. gate meeting
Working tight locations

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-G)

DATE: 10/28/04 REPORT NO.: 85/70

CONTRACT NUMBER AND NAME OF CONTRACTOR:

DESCRIPTION AND LOCATION OF THE WORK:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 80

MIN 65

PRECIPITATION:

INCHES .11

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------------------|--------------|----------|
| a. | Taylor Corp. 17+35-16+15 | Supervisor | EX200 LC |
| b. | 11+50 | 34 Finishers | 15-50 |
| c. | 14+00 | 11 Labor | 185 |
| d. | 0+00- | 4 Oper. | Backhoe |
| e. | | 2 Drivers | PC200 LC |
| f. | | | Data Ram |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 17+35-16+15 - Shotcrete - covering due to rain
 11+50 - Excavation
 14+00 - Forming - Bulkhead
 0+00 - walkway -

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 Sep Air monitor
 Log

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Concrete called off at 1:30 due to rain. 2-60ft sec. pour & 3 panels formed. Ready to pour. Excavation complete to Wecking form C ditch. finish shaping up area.

47.50 yd. concrete 8 Hyrbales TIT 30 min.

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss wet working conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 10/29/04

REPORT NO.: 86/69

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS 0

TEMPERATURE:
MAX 82 MIN 69

PRECIPITATION:
INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-------------------|------------------|--------------|---------|
| a. Taylor Corp | 11+600 G | 11 Labor | PC200LL |
| b. Gallet - 15+60 | 11+00-7:50 (E) G | 4 oper | B-50 |
| c. | | 2 Finisher | 185 |
| d. | | 2 drivers | Backhoe |
| e. | | 1 mechanic | |
| f. | | 1 Supervisor | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 15+60 - Structure
- (A) 11+00-7:50 - Excavation
- (B) Gallet 15+60 - Slump 3 cylinders

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly
Flocking system in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Run (Rain)

Slump 2' 85°
15+00-15+60
3 cylinders

deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Shotcrete was delayed - wet

2 panels poured

3 panels formed

Tommy on site taking Benchmark Shots

Compacting as they excavate

Cleaning area

Short handed on finishers (2 out.)

48 yds

1 load 24' Rock

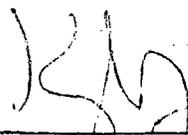
TTT 26 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-8)

DATE:

10/30/04

REPORT NO.:

47168

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 79 MIN 61

PRECIPITATION:

INCHES .01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|------|------------|---------|
| a. Taylor Corp. | 1500 | 3 oper | PC200LC |
| b. Gallet | 1100 | 9 labor | B-50 |
| c. | 750 | 2 finisher | Backhoe |
| d. | | mechanic | 185 |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (G) 1500 - Shotcrete
- (G) 1100 - Form and Geo
- (G) 750 - excavation

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Gallet

No Data ram info
(wet)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Shotcrete complete from 13+55 - 14+35
Geo laid to 9+50
Form~~s~~ completed to 11+50
H60 excavation, compacted and gravel applied.
Excellent progress under wet conditions

54 yd concrete

T/T 35min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meet to discuss awareness.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: Monsanto
Site location (City, County, State): Anniston - Calhoun - Alabama
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-------|-----|------|-----|------|-----|-----|
| Date | 31/04 | 1 | 2 | 3 | 4 | 5 | 6 |
| Rainfall | | 0.1 | 1.09 | 1.1 | 1.01 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray [Signature]
Signature

11/6/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

10/31/04

REPORT NO.:

88165

TRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS 0

TEMPERATURE:

MAX 81 MIN 62

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

...instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/2/04

REPORT NO.: 89/06

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
 CLASS A
TEMPERATURE:
 MAX 82 MIN 65
PRECIPITATION:
 INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|------------|----------|
| a. Taylor Corp. | 11+00 | Supervisor | PC200LC |
| b. | 16+50 | 4 oper | B-50 |
| c. | 11+95 | 3 finisher | 185 |
| d. | 13+80-12+00 | 9 labor | Data Ram |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

11+00 - Pictures
 16+50 - Wrecking form
 11+95 - Setting up
 13+80-12+00 - Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams still in good condition
 Hoses and pipes working properly.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Ram
 See air monitor Log

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

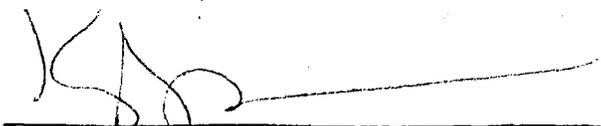
(78 yd concrete)

(TIT 28 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/2/04

REPORT NO.: 90165

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 80 MIN 70

PRECIPITATION:

INCHES 1.09

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------|-------|-------------|----------|
| a. Taylor Corp | 12+50 | 4 oper | PC 200LC |
| b. | 8+00 | 9 labor | Pumps 2' |
| c. | | 3 finishers | Backhoe |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

12+50 - Spawning 14 in Sec. incompleted from previous day
8+00 - Finishing last form in that side at roadway.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams still in place and working properly
Jute dams in place for

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Data Ram
(Rain)

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

9:00 - Rain set in. Pour 1yd in sec from previous day. Called off for day.

- Cleaning up pump, area, wrecking form. While fixing a lip at inlet under RR. ran up on Criso, asphalt aggregate. Placed checkdam and Sand ^{Jute} bag back in place. Digging also delayed.

T/T 15

(15 roll jute)
(15 Haybales)

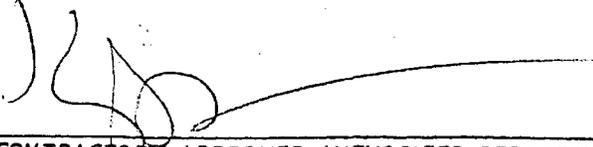
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Tailgate meet to address safety issues.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/3/04

REPORT NO.: 91/64

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS B

TEMPERATURE:

MAX 75 MIN 69

PRECIPITATION:

INCHES .11

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- (Rain)

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/04/04

REPORT NO.:

92143

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

45

MIN

52

PRECIPITATION:

INCHES

1.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------|------------|---------|
| a. Taylor Corp. | 11 labor | Saws |
| b. | 1 mechanic | Backhoe |
| c. | 3 oper | |
| d. | 2 drivers | |
| e. | | |
| f. | | |
| g. | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

wrecking form various Sec.
cleaning area.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay today due to previous days weather

TIT 20

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to cover working in cold conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/5/04

REPORT NO.: 93162

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS D

TEMPERATURE:

MAX 75 MIN 45

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-------------------|--------------|-------------|
| a. | Taylor Corp. | various locations | Backhoe | 4 oper |
| b. | | | mini backhoe | 10 labor |
| c. | | | | 3 finishers |
| d. | | | | 2 drivers |
| e. | | | | Supervisor |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Laborers doing backfill

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place working properly
Pipes and pumps working to direct water

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Test met

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly technical meeting sheets, punch list

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Job still delayed due to huge amounts of water flow through G+F ditch. Pump in place but still an issue
NO concrete or excavation due to said conditions

Crews filling in with clean dirt on various location and spreading gravel.

15 haybales

T/T 35 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Proper PPE discussed in Tailgate

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/6/04

REPORT NO.: 04/161

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS E
TEMPERATURE:
MAX 72 MIN 36
PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|------------------|--------------|----------|
| a. | Taylor Corp | various location | Mini Backhoe | 2 oper |
| b. | | | Backhoe | 10 labor |
| c. | | | Pumps | mechanic |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Labor doing backfill

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly
Pumps in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Test - Still wet no digging

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meetings, Phmp list

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Job still delayed due to water flow. Hesn't gotten better
Pumps in place but cannot keep up.

20 Hydrules

T/T 20min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting
Zero Tolerance
Safety first

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11st Anniston
Facility Contact/Title: Ray Vaughan
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: _____ County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/6/04
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Ray Vaughan
Signature

11/4/04
Date

Title

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street "Monsanto"
Site location (City, County, State): Anniston, Calhoun, Alabama
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|-------|-------|-------|-------|
| Date | 11/7 | 11/8 | 11/9 | 11/10 | 11/11 | 11/12 | 11/13 |
| Rainfall | 0 | 0 | 0 | .81 | .20 | 0 | 0 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray Vajro
Signature

11/13/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/7/04

REPORT NO.:

95160

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 76 MIN 41

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

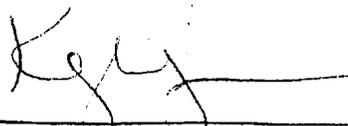
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE: 11/8/04

REPORT NO.: 96159

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 70 MIN 38

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------------------|------------|---------|------------|
| a. Taylor - | 12+5-10+95 | B-50 | 9 Labor |
| b. Kirk Patrick - concrete | " " | PC200LC | 4 Oper |
| c. | | EX200LC | 1 Mechanic |
| d. | | 4 | 3 Finisher |
| e. | | Backhoe | 2 drivers |
| f. | | | Supervisor |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) HSD - installing conduit, laying geonet, taking grade
- (B) Shotcrete delivery
- (A) 12+5-10+95 Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Grass is growing on bank of B-ditch
checkdams are in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Data Ran

Density D M 97%
H10 - 104 17
6+25 - 104.6 17.3 98%
11+55-10+95 - Slump 2' 75%
4th Truck 3 cylinders

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Cleaning Redkii from area.
2 panels poured, material applied 7+80

(T/T 25mins) (54 yd concrete)

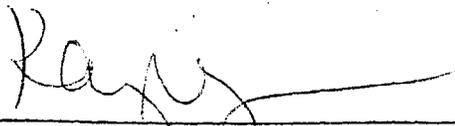
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Safety meeting to discuss
Proper care of hand tools

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

11/9/04

REPORT NO.:

97158

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 70 MIN 38

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|------------|-----------|------------|
| a. Taylor Corp. | 10+95-9+15 | PC200LC | 10 labor |
| b. Gallet | 7+50-6+50 | EX200LC | 5 Finisher |
| c. | | Backhoe 1 | 1 mechanic |
| d. | | Backhoe 2 | 4 oper. |
| e. | | Pumps | 2 drivers |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) Shotcrete 10+95-9+15 G
- (A) Forming 7+50E-6+50E G
- (A) Shaping 4+00(W)-G
- (A) Placing conduit for cable (RR)-5+40
- (B) Gallet - Pick up cylinders

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

(PVC)
Checking pipes for leaks
Grass coming up on B ditch,
Backfill in place C, b & D, G

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Chris contacted Kirkpatrick with concern of gradation. Engineer^(B) from Kirkpatrick guaranteed gradation (fax). See in question L&S
10+95 - 10+35 10+35 - 9+65 9+65 - 9+15.

Installing conduit for RR in case in matter arises in the future with their cable system.

3 panels poured, 2 formed. Excavation to 12+50^(B) G

JR to fill pump up till 10:00pm.

(T/T - 22min) (9 yd. concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

Tailgate meeting
to address concerns

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-8)

DATE:

11/10/04

REPORT NO.:

98157

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 70 MIN 39

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-----------------|------------|-------------|------------|
| a. | Taylor Corp | 3+50 | PC200LC | 2 oper |
| b. | Taylor Surveyor | 10+35-9+15 | Ex 200LG | 2 driver |
| c. | | | Backhoe i+z | 5 finisher |
| d. | | | | 9 labor |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 3+50 - Excavation
- (A) 10+35 + 9+15 - shotcrete
- (B) Taylor Survey - as built shots

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams-jute - working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to
air monitor
log

Slump 2 1/2 70°
3 cyl. tests
(Gallet)
4th Truck

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

PC200 LC, backhoe - shaping up

3rd Truck out of spec 4 1/2 slump - truck was rejected

3 panels poured

T/T 20 mins

(63yd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Tailgate meeting to discuss safety.

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/11/04

REPORT NO.:

99154

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS B

TEMPERATURE:

MAX 62 MIN 50

PRECIPITATION:

INCHES 1.81

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

3 Checkdams

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams installed 3x50

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Rain set in for day -

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-8)

DATE:

11/12/04

REPORT NO.:

100/57

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

70

MIN

35

PRECIPITATION:

INCHES

.20

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|-----------|---------|--------------|
| a. | Taylor Corp | 7t50- | Backhoe | 9 labor |
| b. | | 7t10-6t50 | | 4 oper |
| c. | | | | 2 drivers |
| d. | | | | 1 mechanic |
| e. | | | | 1 supervisor |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

7t50- Pumps
7t10-6t50- Shotcrete

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

NO finishers showed up
1 panel was poured
NO excavation - too much water

(20 haybales) (concrete 3 days) T/T 28 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Key O'Connell

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/13/04

REPORT NO.:

101/54

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 60 MIN 40

PRECIPITATION:

INCHES Ø

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|-------------|-----------|----------|
| a. | Taylor Corp | 7+70-5+90 | PC 200LL |
| b. | | 4+00-0+00 | EX 200LL |
| c. | | | WP140 |
| d. | | | Backhoe |
| e. | | | Data Ram |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 7+70-5+90 - Shotcrete
- (A) 4+00-0+00 - Geomat, excavation, elevation

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Refer to air meter log

2nd Truck to Sump Rejected

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay due to concrete being out of spec. 2nd truck rejected
Progress stressed due to finishers not showing for work.
Excavation almost completed. Water cap an issue.
3 finishers released due to attendance.

(TTT 32 min) (TTT 4d concrete)

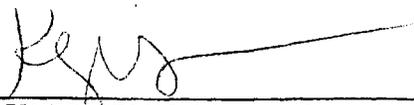
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None -

Held safety meeting to discuss attendance

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11th Street
Facility Contact/Title: Don Williams
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: _____ County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section(to nearest 1/4 section): _____
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/13/04 12:00 Am
which I or personnel under my direct supervision (dist: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Ray Vafra
Signature

11/13/04
Date

Title

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th Street Ditch
 Site location (City, County, State): Anniston, Calhoun, AL
 NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|------|------|------|------|------|------|------|
| Date | 9/14 | 9/15 | 9/16 | 9/17 | 9/18 | 9/19 | 9/20 |
| Rainfall | 0 | 0 | 0 | 0 | .01 | .14 | .05 |

Sampling Information

Sample Type: ~~A~~ 3 Pt Composite

Location: 0+75

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray [Signature]
Signature

11/20/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/14/09

REPORT NO.:

102155

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

62

MIN

43

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. **WORK PERFORMED TODAY:** (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. **TYPE AND RESULTS OF INSPECTION:** (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

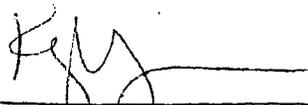
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/15/04 103/54

TRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 65 MIN 34

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|------------------------|-------------------|--------------|----------------|
| a. | Taylor Corp. | 7+80, 4+00, 2+50. | PC 200LC | 2 drivers |
| b. | Water Works (Anniston) | Small Creek | Mini Backhoe | 1 Oper |
| c. | Gallett. 5+30-4+70 | | Backhoe | 3 Finisher |
| d. | | | W140 | 9 labor |
| e. | | | B-50 | Shovel/scraper |
| f. | | | | mechanic |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) Excavation 2+50, backform 7+80(G), 4+00 forming - 0+00
(B) Ann. Water Works - checking dept of water line

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No testing (WOT)

(Gallett) 7th Track
4+70-5+30
72° 1' slump
3 cylinders

INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Dungy backfill throughout G-ditch
Shaping Snow Creek
Federal Judges on Site
Action pickup 2 rolloff dropped 2 off

(20 Haybales)

T/T-40 min

(77 yd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/14/04

REPORT NO.:

104/53

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

64

MIN

37

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|--------------------|--------------|---------|------------|
| a. Taylor Corp. | 4475 - 04595 | PC200W | 2 Finisher |
| b. Kirkpatrick | 0400 - 4475 | Backhoe | 9 Labor |
| c. Taylor Surveyor | | WP140 | 1 mechanic |
| d. Gallet | | B-50 | 2 driver |
| e. Genesis | | | 4 Oper |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 0400 - 4475 excavation in snow creek, forming, backing form
- (B) Delivering concrete
- (C) Taking as built shots
- (D) Gallet - Stumps 3 cylinders
- (E) Genesis - 0475 3 pt composite

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams are in place
Cross grouting in areas

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Rain
Refer to Air monitor
Log sheets

4475-4470
Gallet - 2' Stump 3 cylinders
Genesis-0475
3 pt composite

7. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

delay Pump malfunction two separate times. Last track had to be turned away due to pump stopping.

Form complete to 2+50

Excavation complete. Shaping up in snow check area.

(15 hay bales) TTT - 38 mins (77 yds)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

Trailgate meeting to discuss wet conditions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Karen Oringher

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

11/17/04

REPORT NO.:

105/52

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 72 MIN 50

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----------------|------|------|----------|--------------|
| a. Taylor Corp | 0+00 | 1+10 | PC 200LC | 14 finishers |
| b. Gallet | | | LP 140 | 9 labor |
| c. | | | B-50 | 4 oper |
| d. | | | Backhoe | 1 mechanic |
| e. | | | | 2 drivers |
| f. | | | | 1 supervisor |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(A) 0+00, 1+10 - spreading gravel, shotcrete, laying fabric

B) Gallet 3 cylinders Temp

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdam working properly
PVC - NO leaks
Grass setting up correct

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

Data Rain
Refer to air monitor log

Gallet

1. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to week ago tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

New Pump - Breakdown 2 times
Working Form, Spreading rip rap Shore Creek
Setting Form 10x50 Batches,
Excavation, forming completed.
2 1/2 panels poured

20 bag bags (Tilt 45 min) (95 yd concrete)

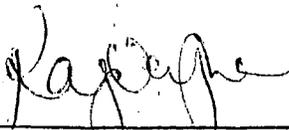
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

Safety meeting address
work with extra help

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/18/04

REPORT NO.: 106/51

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A
TEMPERATURE:
MAX 70 MIN 50
PRECIPITATION:
INCHES 0.01

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------------------|----------------------|-----------|-----------------|
| a. Taylor Corp | 1135-0+15, Snowcreek | PC 2000L | 6 finisher |
| b. Penhill | B ditch | WPK10 | 9 labor |
| c. Anniston Police Officer | G ditch | Excavator | 4 pipe mechanic |
| d. | | B-50 | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) 1135-0+15 (Snowcreek) - Snowcreek-making riprap channel.
- (A) B ditch - form area for installing riprap channel.
- (A) Working form throughout G ditch.
- (B) B ditch
- (C) G ditch directing traffic.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place and working properly
PVC pipes draining properly
Grass in various areas coming up well.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO excavation

| | |
|-----------------|--------------|
| Core 3 sections | Gullet |
| 19+45 | 0+25-1+35 |
| (1) 20+05 | 76" 2' Slump |
| 20+30 | 3 cylinders |
| (2) 18+30 | |
| 18+30 | |
| 18+10 | |
| (3) 10+80 | |
| 10+40 | |
| 10+10 | |

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

See weekly tech. meeting reports

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

3 panels poured
B3 ditch - proper pad formed
wrecking form
Pennhall took 3 core samples

(20 haybales)

(86 yd concrete)

(40 min T/T)

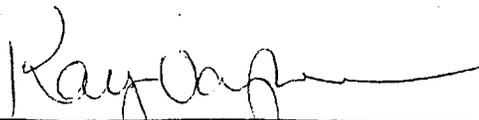
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

Tailgate meeting to discuss
PPE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE: 11/19/04

REPORT NO.: 107/5D

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:
CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
CLASS C Weather occurred during this shift that caused a partial stoppage of work.
CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
OTHER Explain.

CLASSIFICATION:
CLASS B
TEMPERATURE:
MAX 65 MIN 50
PRECIPITATION:
INCHES 0.14

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----------------|--------------------------|--------------|------------|
| a. Taylor Corp | 0+75 - 1+35, 0+15 - 0+25 | PC200LC | 4 Oper |
| b. Ex 1181 | | Backhoe | 8 Labor |
| c. | | mini tractor | 1 mechanic |
| d. | | WB150 | Supervisor |
| e. | | B-150 | 2 Drivers |
| f. | | 135 | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

a) Check forms
 b) Backfill
 c) Shotcrete 0+75-1+35, Rip Rap Show Creek

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Pumps working properly
 Checkdams in place

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO TEST
 Rain

Outlet

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Progress on backfill going great
Got shoring in place & prepared tank
Completed shoring rip rap in Show Creek
2 panel left in Galmich to shot
Cover sec pole today poly
Rain pending

(20 keyholes) (40 min 1/1) (45 yd)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vagha

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-0)

DATE:

11/20/04

REPORT NO.:

108/49

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 67 MIN 58

PRECIPITATION:

INCHES .05

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|------------------|--------------|-------------|
| a. Taylor Corp. | 0700, 2150, 9100 | PC 200 cc | 2 finishers |
| b. | | mini Backhoe | 3 OPER |
| c. | | Backhoe | 9 labor |
| d. | | W150 | mechanic |
| e. | | | Supervisor |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- 0700 - Shotcrete
- 2150 - Forming
- 9100 - pouring wedge sec.

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams in place
PVC pipes still working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

NO Testing

4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Backfill to 2+50
formed last section 2+50(G)
poured wedge sec 9+00
Delay due to rain setting in.

(25 Haybales)

(T/T 30 min)

(21 yd concrete)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: Monsanto
Facility Street Address: 11th St.
Facility Contact/Title: Kay Vay
Phone Number: 835-1800 Fax Number: _____ E-Mail: _____
NPDES Permit Number: N/A County: Calhoun
Latitude: _____ Longitude: _____
Township, Range Section (to nearest 1/4 section): Anniston
Nearest Named Receiving Stream: Snow Creek
Disturbed Area Draining to Receiving Stream (acres): _____

- Appropriate Discharge and/or Instream Sampling Data Attached.
- Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/20/04 5:00
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official

Kay Vay
Signature

11/20/04
Date

Title

**11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT**

Site Name: 11th Street Ditch Monsanto
 Site location (City, County, State): Anniston Calhoun Alabama
 NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-------|------|------|------|-------|-----|------|
| Date | 11/21 | 22 | 23 | 24 | 25 | 26 | 27 |
| Rainfall | 1.93 | 2.14 | 1.42 | 1.73 | 0.001 | 0 | 0.34 |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

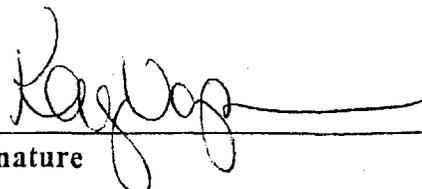
Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:


Signature

11/28/04
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/21/94

REPORT NO.:

109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX MIN

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. **WORK PERFORMED TODAY:** (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. **TYPE AND RESULTS OF INSPECTION:** (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. **TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:**

INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/22/04

REPORT NO.:

109/48

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 60 MIN 58

PRECIPITATION:

INCHES 1.93

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
- b. _____
- c. _____
- d. Sunday
- e. _____
- f. _____
- g. _____

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

1. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/22/04

REPORT NO.:

110/47

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX

64

MIN

63

PRECIPITATION:

INCHES

0.616

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|-----------|------------|
| a. | Taylor Corp. | 21+50 G-1 | 7 labor |
| b. | | | 2 driver |
| c. | | | 3 open |
| d. | | | Supervisor |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

21+50 G-1 - shotcrete last panel

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checkdams working properly

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meets

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Delay due to rain

Last Sec. Shotcrete before heavy rain sets in
action resources dropping rolloffs picking up 2

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Darr

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

11/23/04

REPORT NO.:

111/46

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

C

TEMPERATURE:

MAX 70 Min 60

PRECIPITATION:

INCHES 0.672

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|----|--------------|---------|------------|
| a. | Taylor Corp. | B-ditch | 6 labor |
| b. | | | 1 operator |
| c. | | | 2 drivers |
| d. | | | |
| e. | | | |
| f. | | | |
| g. | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

B-ditch - taking up pvc pipe throughout ditch

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None - Rain

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

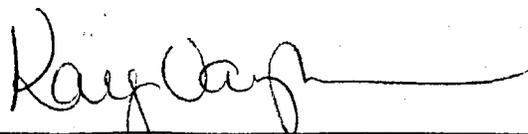
5 action trucks picked up rolloffs
Delay due to Rain setting in

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NONE

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/24/04

REPORT NO.:

112/45

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS C

TEMPERATURE:

MAX 70 MIN 53

PRECIPITATION:

INCHES 0.73

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------|--------------|---------|------------|
| a. | Taylor | B-ditch 2200 | PC200LL | 2 oper |
| b. | | D-ditch | Backhoe | Supervisor |
| c. | | E-ditch | EX200LL | 2 driver |
| d. | | | Tractor | |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

B^D-ditch - backfill
2200 - Riprap
E-ditch - shaping up

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Check for proper drainage

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech. meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

4 loads ballis from railroad holding yard - Beckfill B-ditch
Delay still due to flooding rain and severe weather
22+00 B-ditch riprap
B+C ditch backfill ballis

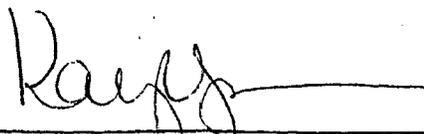
TIT 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

None

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/25/04

REPORT NO.:

113/44

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 55 Min 34

PRECIPITATION:

INCHES .001

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Thanksgiving*

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

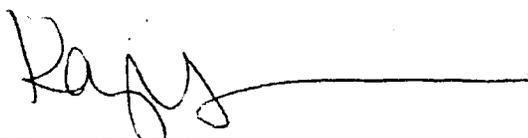
4. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/26/04

REPORT NO.:

114/43

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS A

TEMPERATURE:

MAX 60 Min 32

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|--------------|-----------|-------------------|------------|
| a. | Taylor Corp. | E-ditch | PC200LC | 3 oper |
| b. | | B+G ditch | Backhoe | 2 drivers |
| c. | | | 6x200LC | 6 labor |
| d. | | | 2 Roll off trucks | Supervisor |
| e. | | | | EPA |
| f. | | | | Alcohol |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

(B-ditch) - fabric layed, wrecking form
(G-ditch) - wrecking form, cleaning debris from area
(E-ditch) Clean fence line. Preparing to lay ballis, fabric

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

1. VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Progress going well. Cleaning up trash and debris from various areas.
Getting topsoil layed down E-ditch
Fabric layed down b-ditch overflow at fence
Cutting trees and scrubs down E-ditch. laying fabric + balls
Taking area in fence down to get to E-ditch with balls
Remove over 50 cut of 30yd into 2 20 ft. Piled in bone yard

(NO concrete) (NO Haybaler)

T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

Tailgate to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kay Vape

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE: 11/27/09

REPORT NO.: 115/42

TRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
 - CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
 - CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
 - CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
 - CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS _____
TEMPERATURE:
MAX 51 Min 38
PRECIPITATION:
INCHES 0.36

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)
Taylor Corp ED, C, B, S ditch,
Ultra Liner D-ditch

- 1. WORK PERFORMED TODAY:** (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)
- D - Shaping +
 - C - wrecking forms
 - B - laying fabric - clean up
 - O - clean up
 - E - laying ballis, shaping
- (B) Ultra Liner cleaning pipe D-ditch

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to tech. meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

10:30 delay due to rain setting in
Ultra line on site to clean pipe D-ditch
Topsoil in place ready to spread out
finish cleaning E ditch laying ballis

T/T 20min

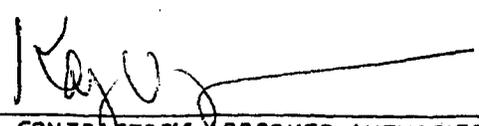
6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

Tailgate meet to discuss
Slips Trips falls

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH
RESPONSE ACTION
INSPECTION AND MAINTENANCE REPORT

Site Name: 11th Street Ditch
Site location (City, County, State): Anniston Calhoun Al.
NPDES Permit Number: ALR N/A

Weekly Rainfall Summary

| Day | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-------|-------|-------|------|------|------|------|
| Date | 11/28 | 11/29 | 11/30 | 12/1 | 12/2 | 12/3 | 12/4 |
| Rainfall | | Ø | Ø | Ø | Ø | Ø | Ø |

Sampling Information

Sample Type: N/A

Location:

Analysis:

Inspection Results

Deficiencies or Required Maintenance:

Refer to Daily

Planned Corrective Action:

Corrective Action Schedule:

Other Comments:

Ray D
Signature

12/3/01
Date

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER'1180-1-6)

DATE:

11/28

REPORT NO.:

116/41

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS _____

TEMPERATURE:

MAX 58 Min 42

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
- Sunday

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

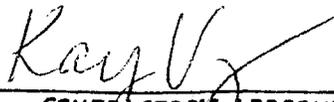
VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

11/29/04

REPORT NO.:

117/40

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX 65 Min 48

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|-----------------|-------------------|----------|
| a. | Taylor Corp | G-ditch 21+50 | PC200 LC | 8 labor |
| b. | | B-ditch (grate) | EX200 LC | 3 oper |
| c. | | D-ditch 07+00 | mini tractor | 2 driver |
| d. | | C-ditch | Backhoe | mechanic |
| e. | | E-ditch | W150 | |
| f. | | | 2 Roll off trucks | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- G-ditch - busting up concrete, re-forming
- B-ditch - riprap - overflow area at grate
- D-ditch - backfill - Hay - seed
- C-ditch - spreading top soil, Hay, laying sod
- E-ditch - finish up spreading ballist

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

measure several locations

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

5 loads of riprap -
finishing up in various locations. 4 concrete pipes
delivered for G-ditch expansion

#2 Rip Rap
12637 ton T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Ray [Signature]

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE: 11/30/04 REPORT NO.: 118139

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:
CLASS A

TEMPERATURE:
MAX 64 MIN

PRECIPITATION:
INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------------------------|---------------------|-------------------|
| <u>Taylor Corp. C, A, E, B, G</u> | <u>EX200LC</u> | <u>3 oper</u> |
| | <u>PC 200LC</u> | <u>7 labor</u> |
| | <u>backhoe</u> | <u>2 driver</u> |
| | <u>mini backhoe</u> | <u>Supervisor</u> |
| | <u>Tractor</u> | <u>Mechanic</u> |
| | <u>mini tractor</u> | |
| | <u>WISD</u> | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) D & C - Sod
- E - finish shaping ballist
- B - finish shaping riprap at overflow grate
- G - Install one pipe

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

measure B-ditch to set pipe in
do some shaping to get good fit

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

...any instructions given by owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Got 99% progress of work - 45 days ahead on schedule
100% man hour expended
Punch list completed in many areas
Sediment trap suggestion approved by John Lopez

Checked agg. Base

2655 ton

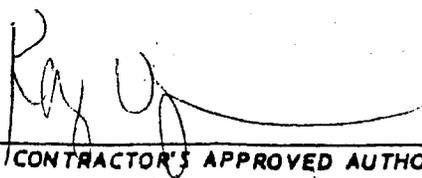
T/T 45 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

12/1/04

REPORT NO.:

119138

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX 61 Min 32

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

- a. Taylor Corp. D+C, B
- b.
- c.
- d.
- e.
- f.
- g.

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) D - Sod, Shaping, Cleanup
- C - Sod, Shaping, Cleanup, laying DGA + gravel, compacting
- B - Placing pipes, french drain

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

checking pipe, french drain.

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None -

VERIFY INSTRUCTIONS RECEIVED. (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

G-ditch - got pipe covered

C-ditch - got good bit cleaned up Have pretty good way to

Roadway looking very good.

(concrete 20 yds)

(15 loads Rock)

(T/T 30 min)

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Ray Vapora

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-G)

DATE:

12/2/04

REPORT NO.:

120137

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX

62

MIN

28

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | |
|-----------------------------|------------|---------------|
| 1. Taylor Corp - D, G, C, B | 7 labor | PC200LC |
| | 3 oper | EX200LC |
| | 2 driver | W9000 |
| | Supervisor | W150 |
| | | Backhoe 1 & 2 |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- D - Cleaning up RF ties, installing Sediment traps (2550)
- C - Spread DGA, Cleaning up, Sediment traps - 8+60
- G - Backfill - 1+49
- B - Sediment traps (13+45) fill in cone sites

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meetings

5. REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same.)

Everything coming along great.
Clean-up rapping up. few things mention needed to be done.

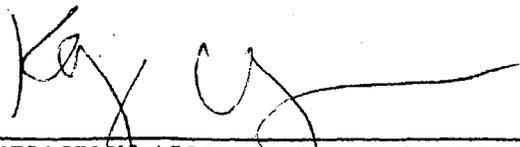
8 loads Rock & DGA TTT 40 mins

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.


CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER-1180-1-6)

DATE:

12/3/04

REPORT NO.:

121136

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

CLASS

A

TEMPERATURE:

MAX 59 Min 29

PRECIPITATION:

INCHES

0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | | |
|----|-------------|-------------|--------------------------|---------------------------------|
| a. | Taylor Corp | B, C, G, D, | Plow | Mechanic |
| b. | Penhall | B, C | Backhoe 1 & 2 Tractor | Supervisor 3 Oper 7 Labor |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

- (A) B, C, G, D - clean up - (D) ditch - Bone
- (B) Penhall - milling

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P - Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

Checked

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

None

No excavation

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to weekly tech meeting

REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean-up continues to look great

Delay due to equipment in D-ditch doing bone

(Pennhill)
Milling was completed C- 3+10, 4+00, 5+20
B- 13+50, +

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

NO infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.



CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

CONTRACTOR'S QUALITY CONTROL REPORT (QCR)
(ER 1180-1-6)

DATE:

12/04/04

REPORT NO.:

122135

CONTRACT NUMBER AND NAME OF CONTRACTOR:

Taylor Corporation
P.O. Box 3424
Oxford, Al 36203

DESCRIPTION AND LOCATION OF THE WORK:

Monsanto-11th Street Ditch Project
J# 04007
Anniston, Al

WEATHER CLASSIFICATION:

- CLASS A** No interruptions of any kind from weather conditions occurring on this or previous shifts.
- CLASS B** Weather occurred during this shift that caused a complete stoppage of all work.
- CLASS C** Weather occurred during this shift that caused a partial stoppage of work.
- CLASS D** Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather.
- CLASS E** Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner.
- OTHER** Explain.

CLASSIFICATION:

A

CLASS

TEMPERATURE:

MAX 65 Min 32

PRECIPITATION:

INCHES 0

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: (Attach list of items of equipment either idle or working as appropriate.)

| | | | |
|-----------------|-------------|--------------|------------|
| 1. Taylor Corp. | B, C, D, E, | Perzoolc | 3oper |
| | | Bone | 2 drivers |
| | | mini backhoe | 6 labor |
| | | min. Tractor | Supervisor |
| | | Backhoe | |

1. WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Clean-up in all locations
Ditch Bone

2. TYPE AND RESULTS OF INSPECTION: (Indicate whether: P-Preparatory, I-Initial, or F-Follow-up and include satisfactory work completed or deficiencies with action to be taken.)

measuring distance for bone

3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS:

No test

VERBAL INSTRUCTIONS RECEIVED: (List any instructions given by Owner on construction deficiencies, retesting required, etc., with action to be taken.)

Refer to Weekly tech. meeting

REMARKS: (Cover any conflicts in plans, specifications, or instructions; acceptability of incoming materials; offsite surveillance activities; progress of work, delays, causes, and extent thereof; days of no work with reasons for same.)

Clean up almost completed
Bore going smoothly and completed
Sediment placed in Roll off to be sampled

2 Roll Jute T/T 35 min

6. SAFETY: (Include any infractions of approved safety plan, safety manual or instructions from Owner. Specify corrective action taken.)

No infractions

INSPECTOR

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in strict compliance with the contract plans and specifications except as noted above.

Kayser

CONTRACTOR'S APPROVED AUTHORIZED REPRESENTATIVE

11TH STREET DITCH RESPONSE ACTION
INSPECTION CERTIFICATION REPORT

Company Name: MOHSEN TO

Facility Street Address: _____

Facility Contact/Title: Taylor Corp

Phone Number: 8351800 Fax Number: _____ E-Mail: _____

NPDES Permit Number: N/A County: Calhoun

Latitude: _____ Longitude: _____

Township, Range Section(to nearest 1/4 section): _____

Nearest Named Receiving Stream: Snow Creek

Disturbed Area Draining to Receiving Stream (acres): 11

Appropriate Discharge and/or Instream Sampling Data Attached.

Based on this site evaluation which I or personnel under my direct supervision conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this permit. I understand that it is the responsibility of the permittee to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding stormwater discharge or instream water quality shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Inspection Results: Current activities (Deficiencies corrective actions, including compliance schedule)

Based upon the inspection of (Date and Time) 11/28 12:00
which I or personnel under my direct supervision (list: _____)
conducted, I certify that all structural and non-structural BMPs have been implemented and maintained, except for those deficiencies noted above, in accordance with the plan filed with the Department, good engineering practices, and with provisions and requirements of the above referenced NPDES permit and ADEM regulations.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Responsible Official Kay G Signature 11/28/04 Date

Title

May 12, 2005

**COMPLETION REPORT
Volume III of III
Appendices K-T**

**11th Street Ditch Removal Response Action
Anniston PCB Site
Anniston, Alabama**

ROUX ASSOCIATES, INC.

Environmental Consulting & Management



1222 Forest Parkway, Suite 190, West Deptford, New Jersey 08066

APPENDIX K
DUST MONITORING RESULTS

**Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control**

| DATE | HOURS | APPROXIMATE GALLONS | MISCELLANEOUS |
|---------|-------|---------------------|-------------------|
| 8/5/04 | 2 | 3,000 | Truck Traffic |
| 8/6/04 | 2 | 3,000 | Truck Traffic |
| 8/7/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/8/04 | 0 | 0 | Sunday |
| 8/9/04 | 2 | 3,000 | Truck Traffic |
| 8/10/04 | 2 1/2 | 4,000 | Truck Traffic |
| 8/11/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/12/04 | 2 | 3,000 | Truck Traffic |
| 8/13/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/14/04 | 2 | 3,000 | Truck Traffic |
| 8/15/04 | 0 | 0 | Sunday |
| 8/16/04 | 2 | 3,000 | Truck Traffic |
| 8/17/04 | 2 | 3,000 | Truck Traffic |
| 8/18/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/19/04 | 2 | 3,000 | Truck Traffic |
| 8/20/04 | 0 | 0 | Wet Conditions |
| 8/21/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/22/04 | 0 | 0 | Sunday |
| 8/23/04 | 2 | 3,000 | Truck Traffic |
| 8/24/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/25/04 | 0 | 0 | Rain |
| 8/26/04 | 2 | 3,000 | Truck Traffic |
| 8/27/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/28/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 8/29/04 | 0 | 0 | Sunday |
| 8/30/04 | 2 | 3,000 | Truck Traffic |
| 8/31/04 | 2 | 3,000 | Truck Traffic |
| 9/1/04 | 0 | 0 | Wet Conditions |
| 9/2/04 | 0 | 0 | Wet Conditions |
| 9/3/04 | 0 | 0 | Wet Conditions |
| 9/5/04 | 0 | 0 | Sunday |
| 9/6/04 | 0 | 0 | Holiday |
| 9/7/04 | 0 | 0 | Wet Conditions |
| 9/8/04 | 0 | 0 | Wet Conditions |
| 9/9/04 | 0 | 0 | Wet Conditions |
| 9/10/04 | 0 | 0 | Wet Conditions |
| 9/11/04 | 0 | 0 | Wet Conditions |
| 9/12/04 | 0 | 0 | Sunday |
| 9/13/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 9/14/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 9/15/04 | 0 | 0 | Wet Conditions |
| 9/16/04 | 0 | 0 | Hurricane |
| 9/17/04 | 0 | 0 | Wet Conditions |
| 9/18/04 | 2 1/2 | 4,000 | Equipment Traffic |
| 9/19/04 | 0 | 0 | Sunday |
| 9/20/04 | 1 | 1,000 | Dry Conditions |
| 9/21/04 | 1 | 1,000 | Dry Conditions |
| 9/22/04 | 0 | 0 | No Excavation |
| 9/23/04 | 0 | 0 | No Excavation |
| 9/24/04 | 2 1/2 | 4,000 | Equipment Traffic |

**Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control**

| | | | |
|----------|---|-------|-----------------------|
| 9/25/04 | 0 | 0 | No Excavation |
| 9/26/04 | 0 | 0 | Sunday |
| 9/27/04 | 1 | 1,000 | Equipment Traffic |
| 9/28/04 | 0 | 0 | Low Equipment Traffic |
| 9/29/04 | 0 | 0 | No Traffic |
| 9/30/04 | 0 | 0 | No Traffic |
| 10/1/04 | 2 | 2,000 | Truck Traffic |
| 10/2/04 | 0 | 0 | No Traffic |
| 10/3/04 | 0 | 0 | Sunday |
| 10/4/04 | 3 | 3,000 | Equipment Traffic |
| 10/5/04 | 0 | 0 | No Excavation |
| 10/6/04 | 0 | 0 | No Excavation |
| 10/7/04 | 0 | 0 | Low Equipment Traffic |
| 10/8/04 | 0 | 0 | Low Equipment Traffic |
| 10/9/04 | 0 | 0 | Rain |
| 10/10/04 | 0 | 0 | Sunday |
| 10/11/04 | 0 | 0 | Rain |
| 10/12/04 | 0 | 0 | Wet Conditions |
| 10/13/04 | 0 | 0 | Wet Conditions |
| 10/14/04 | 0 | 0 | Low Equipment Traffic |
| 10/15/04 | 0 | 0 | Wet Conditions |
| 10/16/04 | 0 | 0 | Illness |
| 10/17/04 | 0 | 0 | Sunday |
| 10/18/04 | 0 | 0 | No Equipment Traffic |
| 10/19/04 | 0 | 0 | Rain |
| 10/20/04 | 0 | 0 | Wet Conditions |
| 10/21/04 | 0 | 0 | Wet Conditions |
| 10/22/04 | 0 | 0 | Low Equipment Traffic |
| 10/23/04 | 0 | 0 | Wet Conditions |
| 10/24/04 | 0 | 0 | Sunday |
| 10/25/04 | 0 | 0 | Wet Conditions |
| 10/26/04 | 0 | 0 | Wet Conditions |
| 10/27/04 | 0 | 0 | Rain |
| 10/28/04 | 0 | 0 | Rain |
| 10/29/04 | 0 | 0 | Rain |
| 10/30/04 | 0 | 0 | Wet Conditions |
| 10/31/04 | 0 | 0 | Sunday |
| 11/1/04 | 0 | 0 | Wet Conditions |
| 11/2/04 | 0 | 0 | Rain |
| 11/3/04 | 0 | 0 | Rain |
| 11/4/04 | 0 | 0 | Rain |
| 11/5/04 | 0 | 0 | Wet Conditions |
| 11/6/04 | 0 | 0 | Wet Conditions |
| 11/7/04 | 0 | 0 | Sunday |
| 11/8/04 | 0 | 0 | Wet Conditions |
| 11/9/04 | 0 | 0 | Wet Conditions |
| 11/10/04 | 0 | 0 | Low Equipment Traffic |
| 11/11/04 | 0 | 0 | Rain |
| 11/12/04 | 0 | 0 | Low Equipment Traffic |
| 11/13/04 | 0 | 0 | Low Equipment Traffic |
| 11/14/04 | 0 | 0 | Sunday |

**Monsanto - 11th Street Ditch Response Action Project
Daily Dust Control**

| | | | |
|----------|---|-------|-----------------------|
| 11/15/04 | 0 | 0 | Low Equipment Traffic |
| 11/16/04 | 0 | 0 | Wet Conditions |
| 11/17/04 | 0 | 0 | Wet Conditions |
| 11/18/04 | 0 | 0 | Wet Conditions |
| 11/19/04 | 0 | 0 | Wet Conditions |
| 11/20/04 | 0 | 0 | Wet Conditions |
| 11/21/04 | 0 | 0 | Wet Conditions |
| 11/22/04 | 0 | 0 | Wet Conditions |
| 11/23/04 | 0 | 0 | Rain |
| 11/24/04 | 0 | 0 | Wet Conditions |
| 11/25/04 | 0 | 0 | Holiday |
| 11/26/04 | 2 | 3,000 | Low Equipment Traffic |
| 11/27/04 | 1 | 1,000 | Low Equipment Traffic |
| 11/28/04 | 0 | 0 | Sunday |
| 11/29/04 | 3 | 4,000 | Low Equipment Traffic |
| 11/30/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/1/04 | 0 | 0 | No Equipment Traffic |
| 12/2/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/3/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/4/04 | 1 | 1,000 | Low Equipment Traffic |
| 12/5/04 | 0 | 0 | Sunday |

AIR MONITORING LOG

| | | |
|--|------------------------------|---------------------|
| PROJECT SITE 11 TH Street Ditch | H/S OFFICER | DATE: 8/8/04 |
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | |

| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
|------------|---------------------|----------|------|----------|
| | | | | Sunday |
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CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)

ADDITIONAL NOTES:

SIGNATURE: Don Eldon
 Health & Safety Officer

DATE: 8/8/04

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | DATE: <u>8/24/01</u> | |
|--|------------------------------|-------------|----------------------|------------------|
| PROJECT NUMBER <u>04007</u> | LEVEL OF PROTECTION <u>B</u> | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) <u>Shiny 87, dry</u> | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| <u>Data Log</u> | | | <u>1:77</u> | |
| | | | | <u>avg. 0.87</u> |
| | | | | <u>max 1.27</u> |
| | | | | <u>Velocity</u> |
| | | | | <u>ST 9 hrs</u> |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Randy D. [Signature]</u> | | | DATE: <u>8/24/01</u> | |
| <u>Health & Safety Officer</u> | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/31/04 |
|--|-----------------------|---------------|-------|---------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C 51 dry | | | | |
| Conc/TWA | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Data Run | 38.7 / 43.6 | Z+80 | 7:00 | |
| | 22.2 / 29.6 | | 8:00 | |
| | 22.7 / 29.3 | | 9:00 | |
| | 20.4 / 28.2 | | 10:00 | |
| | 20.2 / 28.0 | | 11:00 | |
| | 36.6 / 40.1 | | 12:00 | |
| | 17.2 / 26.6 | | 1 | |
| | 15.5 / 20.2 | | 2 | |
| | 15.8 / 20.0 | | 3 | |
| | 15.4 / 18.7 | | 4 | |
| 14.0 / 18.2 | 5 | | | |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray Voss</u> | | DATE: 9/31/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/15/04 |
|--|---------------------|-------------|----------------------|---------------|
| PROJECT NUMBER | LEVEL OF PROTECTION | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | Sunday |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray</u> | | | DATE: <u>9/15/04</u> | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/13/04 |
|--|------------------------------|-------------|----------------------|------------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION <u>B</u> | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) <u>cloudy, 74, dry</u> | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Data Ram | Normal | St 00 | 12:15 | conc 021.5 / TWA 024.0 |
| | | | 1:15 | conc 009.2 / TWA 022.0 |
| | | | 4:00 | 21.9 / TWA 021.8 |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
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| ADDITIONAL NOTES: | | | | |
| | | | | |
| SIGNATURE: <u>Ray [Signature]</u> | | | DATE: <u>9/13/04</u> | |
| <u>Health & Safety Officer</u> | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/14/04 |
|--|-----------------------|----------------------|-------|---|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P. Cloudy, 80, F | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| DATE RAM | Normal | 2450 | 9:00 | Conc 18.0 / TWA 29.2 14.9 24.5 15.6 19.3 8.3 17.4 15.7 16.2 |
| | | | 10:00 | |
| | | | 1:00 | |
| | | | 2:00 | |
| | | | | |
| | | | | IWA - 016.1 |
| | | | | MinC 003.1 |
| | | | | MaxC 498.3 |
| | | | | Start Time 7:41 |
| | | | | ET 9:00 |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Rafy</u> | | DATE: <u>9/14/04</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 9/19 |
|--|---------------------|----------------------|------|------------|
| PROJECT NUMBER | | LEVEL OF PROTECTION | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | Sunday |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Kayley</u> | | DATE: <u>9/19/07</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 10/4/04 |
|--|--------------------------|----------------------|--------------|------------------------------|
| PROJECT NUMBER 21007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 88 | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | 7+10 C | 7:00 5:00 | |
| | | | | |
| | | | | |
| | | | | 014.1 ug/m ³ 10/7 |
| | | | | Max - 0.22 ug/m ³ |
| | | | | Max - 0.19 ug/m ³ |
| | | | | Avg - 0.18 ug/m ³ |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray [Signature]</u> | | DATE: <u>10/4/04</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER _____ | | DATE: 10/8/04 |
|--|-----------------------|-------------------|------|------------------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) 91C-74-avg | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Detector | | | | |
| | | | | |
| | | | | ST 7:00 |
| | | | | ET 10hr |
| | | | | TWA 019.6 ug/m ³ |
| | | | | Avgc 075.9 ug/m ³ |
| | | | | maxc 059.3 |
| | | | | MAXC 250.4 |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Wayne</u> | | DATE: 10/8/04 | | |
| _____ Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | DATE: 10/13/04 | |
|--|-----------------------|----------------|----------------|------------------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Cloudy, 67, 60 | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Dr. Krom | Normal | A - ditch | | |
| | 0.12 (10) 0.84 (T) | " | 8:00 | |
| | 0.17 (10) 20.2 (T) | " | 9:00 | Avg. 043.3 ug/m ³ |
| | 0.23 (10) 27.6 (T) | " | 10:00 | |
| | 0.20 (10) 017.2 (T) | " | 11:00 | MAX: 273.8 |
| | 29.8 (10) 051.0 (T) | " | 12:00 | |
| | 0.07 (10) 011.0 (T) | " | 1:00 | Min: 017.6 |
| | 0.11 (10) 017.3 (T) | " | 2:00 | |
| | 0.07 (10) 011.2 (T) | " | 3:00 | TWA - 039.3 |
| | 0.02 (10) 009.3 (T) | " | 4:00 | |
| | 0.22 (10) 024.0 (T) | " | 5:00 | ST - 100 |
| | | | | ST - 106 |
| <p>CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)</p> <p>ADDITIONAL NOTES:</p> | | | | |
| SIGNATURE: <u>Kay</u> | | DATE: 10/13/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 10/24/01 |
|--|------------------------|-------------|-------|---------------------|
| PROJECT NUMBER 0007 | LEVEL OF PROTECTION: B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) 110 West D | | | | |
| (conc / WWA) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Data Rain | 46.7 / 51.6 | 22.5 | 7:00 | Preparation rain |
| | 49.1 / 42.0 | | 8:00 | Preparation rain |
| | 49.7 / 45.0 | | 9:00 | Preparation rain |
| | 48.2 / 55.2 | | 10:00 | Preparation rain |
| | 61.0 / 61.6 | | 11:00 | Preparation rain |
| | 51.5 / 47.4 | | 12:00 | Preparation rain |
| | 47.0 / 46.6 | | 1 | Also train in close |
| | 41.1 / 46.0 | | 2 | Also train in close |
| | 75.5 / 40.4 | | | |
| | 32.6 / 47.5 | | | |
| | 32.2 / 47.4 | | | |
| <p>CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any)</p> <p>ADDITIONAL NOTES:</p> <p>SIGNATURE: _____ DATE: 10/18/01</p> <p style="text-align: center;">Health & Safety Officer</p> | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 10/23/04 | |
|--|-----------------------|-------------|----------------|---------------------|--|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 73, dry | | | | | |
| Conc TWA | | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS | |
| Data Ran | 42.2 / 51.7 | | 7:00 | located near train. | |
| | 27.2 / 33.4 | | 8:00 | | |
| | 27.6 / 35.2 | | 9:00 | | |
| | 22.5 / 25.5 | | 10:00 | | |
| | 22.2 / 25.6 | | 11:00 | | |
| | 27.0 / 26.6 | | 12:00 | | |
| | 21.6 / 24.7 | | 1 | | |
| | 42.6 / 52.3 | | 2 | | |
| | 21.6 / 24.6 | | 3 | | |
| | 19.5 / 26.6 | | 4 | | |
| | 19.2 / 26.3 | | 5 | | |
| | | | | | |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | | |
| ADDITIONAL NOTES: | | | | | |
| SIGNATURE: <u>Ray Duff</u> | | | DATE: 10/23/04 | | |
| Health & Safety Officer | | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | DATE: 10/25/04 | |
|--|-----------------------|-------------|-----------------------|-----------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 18.3, dry | | | | |
| Conc / TWA | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| DataRam | 17.2 / 20.9 | 18+50 | 7:00 | Clug 17.2 |
| | 14.6 / 19.4 | ↓ | 8:00 | |
| | 07.0 / 12.3 | 17+00 | 9:00 | may 46.6 |
| | 07.6 / 12.6 | | 10:00 | |
| | 00.00 / 06.2 | | 11:00 | BT 46.6 |
| | 00.04 / 08.6 | | 12:00 | |
| | 0.03 / 08.4 | | 1 | |
| | 0.02 / 04.4 | | 2 | |
| | 0.00 / 06.4 | | 3 | |
| | 0.02 / 06.6 | | 4 | |
| 0.02 / | | 5 | | |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray Daulton</u> Health & Safety Officer | | | DATE: <u>10/25/04</u> | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/1/04 |
|--|-----------------------|---------------|-------|------------------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Sunny 82° dry Conc./TWA | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| Data Ram | 49.2 / 52.2 | 4+50 | 7:00 | |
| | 42.6 / 49.0 | | 8:00 | Avg. 027.6 ug/m ³ |
| | 33.3 / 43.4 | | 9:00 | |
| | 27.6 / 32.6 | | 10:00 | Max 052.3 ug/m ³ |
| | 27.4 / 32.4 | | 11:00 | |
| | 27.6 / 32.6 | | 12:00 | Min 022.3 |
| | 52.3 / 62.6 | | 1 | |
| | 27.4 / 30.0 | | 2 | SIT 7:00 |
| | 27.2 / 30.6 | | 3 | |
| | 22.3 / 28.4 | | 4 | ELT 10:00 |
| | 22.4 / 28.5 | | 5 | TWA 024.6 |
| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Ray Deegan</u> | | DATE: 11/1/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/17/04 |
|--|-----------------------|----------------|------|----------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) P/C/ 72° (W) | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No - 8/17/04 |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Kayes</u> | | DATE: 11/17/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/22/04 |
|--|-----------------------|----------------|------|----------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) Rain, 64, wet | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | NO EXHAUSTING |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Roux</u> | | DATE: 11/22/04 | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/23/04 |
|--|-----------------------|-----------------------|------|-------------------|
| PROJECT NUMBER 04007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) R, T, wet | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No excavating |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Roux</u> | | DATE: <u>11/23/04</u> | | |
| Health & Safety Officer | | | | |

AIR MONITORING LOG

| PROJECT SITE 11 TH Street Ditch | | H/S OFFICER | | DATE: 11/22/09 |
|--|-----------------------|-------------|----------------|----------------|
| PROJECT NUMBER 07007 | LEVEL OF PROTECTION B | | | |
| DESCRIPTION OF SITE: (weather, temp. soil conditions) K, S, 114 | | | | |
| INSTRUMENT | INSTRUMENT RESPONSE | LOCATION | TIME | COMMENTS |
| | | | | No overcasting |
| | | | | |
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| CALIBRATION DATA: (type and concentration of calibration gas, instrument adjustments if any) | | | | |
| ADDITIONAL NOTES: | | | | |
| SIGNATURE: <u>Roux</u> Health & Safety Officer | | | DATE: 11/22/09 | |

APPENDIX L

SOIL SAMPLE DATA PACKAGES

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S447912
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/03/2004
Sampled By: Client
Sample Received Date: 08/26/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto



Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S447912
Date Received: 08/26/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-1 COMP

Lab Sample ID
S447912*1

Matrix
Solid

Date Sampled
08/23/2004 13:46

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 47912-1 | RR-1 COMP | Solid | 08/26/04 | 08/23/04 13:46 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 47912-1 |

PCB's (8082)

| | | |
|---------------------|----------|------------|
| Aroclor-1016 | ug/kg dw | <160 |
| Aroclor-1221 | ug/kg dw | <320 |
| Aroclor-1232 | ug/kg dw | <160 |
| Aroclor-1242 | ug/kg dw | <160 |
| Aroclor-1248 | ug/kg dw | <160 |
| Aroclor-1254 | ug/kg dw | 1400 |
| Aroclor-1260 | ug/kg dw | 1800 |
| Aroclor 1268 | ug/kg dw | 1700 |
| Surrogate - TCX * | % | 100 % |
| Surrogate - DCB * | % | 3200 %*F36 |
| Percent Solids | | 85 |
| Dilution Factor | | 4 |
| Prep Date | | 08/30/04 |
| Analysis Date | | 09/02/04 |
| Batch ID | | 0830Q |
| Quantitation Factor | | 3.997 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 47912-2 | Method Blank | Solid | 08/26/04 | | |
| 47912-3 | Lab Control Standard % Recovery | Solid | 08/26/04 | | |
| 47912-4 | LCS Accuracy Control Limit (%R) | Solid | 08/26/04 | | |
| 47912-5 | Analyst Initials (First Initial.Last Name) | Solid | 08/26/04 | | |

Lab Sample IDs

| Parameter | Units | 47912-2 | 47912-3 | 47912-4 | 47912-5 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 64 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 85 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 65 % | 59 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 82 % | 82 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 08/30/04 | 08/30/04 | | |
| Analysis Date | | 08/31/04 | 08/31/04 | | |
| Batch ID | | 0830Q | 0830Q | | |
| Quantitation Factor | | 0.9990 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 47912-6 | LCS - 093 Custom | Solid | 08/26/04 | | |
| 47912-7 | True Value - 093 Custom | Solid | 08/26/04 | | |
| 47912-8 | % Recovery - 093 Custom | Solid | 08/26/04 | | |
| 47912-9 | Accuracy Limits - 093 Custom | Solid | 08/26/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|---------|----------|----------|
| | | 47912-6 | 47912-7 | 47912-8 | 47912-9 |
| PCB's (8082) | | | | | |
| Aroclor-1248 | ug/kg dw | 1000 | 1500 | 67 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2600 | 3000 | 87 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2000 | 2000 | 100 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1400 | 1500 | 93 % | 52-137 % |
| Surrogate - TCX * | % | 110 | | 65 % | 30-150 % |
| Surrogate - DCB * | % | 190 | | 112 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 08/30/04 | | 08/30/04 | |
| Analysis Date | | 08/31/04 | | 08/31/04 | |
| Batch ID | | 0830Q | 0830Q | 0830Q | |
| Quantitation Factor | | 10.00 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 47912-10 | Matrix Spike Result (Batch) | Solid | 08/26/04 | | |
| 47912-11 | Matrix Spike % Recovery | Solid | 08/26/04 | | |
| 47912-12 | Matrix Spike Duplicate Result | Solid | 08/26/04 | | |
| 47912-13 | Matrix Spike Duplicate % Recovery | Solid | 08/26/04 | | |
| 47912-14 | MS Accuracy Advisory Limit (%R) | Solid | 08/26/04 | | |

Lab Sample IDs

| Parameter | Units | 47912-10 | 47912-11 | 47912-12 | 47912-13 | 47912-14 |
|-----------|-------|----------|----------|----------|----------|----------|
|-----------|-------|----------|----------|----------|----------|----------|

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | 330 | 87 % | 290 | 76 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 290 | 76 % | 270 | 71 % | 28-153 % |
| Surrogate - TCX * | % | 14 | 74 % | 11 | 58 % | 30-150 % |
| Surrogate - DCB * | % | 27 | 142 % | 25 | 132 % | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 08/30/04 | 08/30/04 | 08/30/04 | 08/30/04 | |
| Analysis Date | | 09/01/04 | 09/01/04 | 09/01/04 | 09/01/04 | |
| Batch ID | | 0830Q | 0830Q | 0830Q | 0830Q | |
| Quantitation Factor | | 0.9993 | | 1.000 | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 47912-15 | Precision (%RPD) MS/MSD | Solid | 08/26/04 | | |
| 47912-16 | MS Precision Advisory Limit (%RPD) | Solid | 08/26/04 | | |

Lab Sample IDs

| Parameter | Units | 47912-15 | 47912-16 |
|-----------|-------|----------|----------|
|-----------|-------|----------|----------|

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 13 % | <50 % |
| Aroclor-1260 | % | 7.1 % | <50 % |
| Batch ID | | 0830Q | |



STL

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Order Number: S447912

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

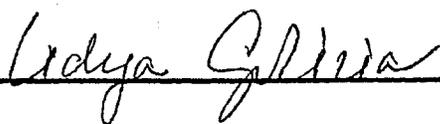
SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448498
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 09/22/2004
Sampled By: Client
Sample Received Date: 09/11/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto



Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S448498
Date Received: 09/11/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-2 (COMP)

Lab Sample ID
S448498*1

Matrix
Solid

Date Sampled
09/10/2004 12:10



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 48498-1 | RR-2 (COMP) | Solid | 09/11/04 | 09/10/04 12:10 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 48498-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <37 |
| Aroclor-1221 | ug/kg dw | <74 |
| Aroclor-1232 | ug/kg dw | <37 |
| Aroclor-1242 | ug/kg dw | <37 |
| Aroclor-1248 | ug/kg dw | <37 |
| Aroclor-1254 | ug/kg dw | 130 |
| Aroclor-1260 | ug/kg dw | 270 |
| Aroclor 1268 | ug/kg dw | 320 |
| Surrogate - TCX * | % | 56 % |
| Surrogate - DCB * | % | 722 %*F36 |
| Percent Solids | | 90 |
| Dilution Factor | | 1 |
| Prep Date | | 09/17/04 |
| Analysis Date | | 09/20/04 |
| Batch ID | | 0917N |
| Quantitation Factor | | 1.000 |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 48498-2 | Method Blank | Solid | 09/11/04 | | |
| 48498-3 | Lab Control Standard % Recovery | Solid | 09/11/04 | | |
| 48498-4 | LCS Accuracy Control Limit (%R) | Solid | 09/11/04 | | |
| 48498-5 | Analyst Initials (First Initial.Last Name) | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 48498-2 | 48498-3 | 48498-4 | 48498-5 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 54 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 70 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 76 % | 48 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 88 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 09/17/04 | 09/17/04 | | |
| Analysis Date | | 09/20/04 | 09/20/04 | | |
| Batch ID | | 0917N | 0917N | | |
| Quantitation Factor | | 1.000 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 48498-6 | LCS - 093 Custom | Solid | 09/11/04 | | |
| 48498-7 | True Value - 093 Custom | Solid | 09/11/04 | | |
| 48498-8 | % Recovery - 093 Custom | Solid | 09/11/04 | | |
| 48498-9 | Accuracy Limits - 093 Custom | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|---------|----------|----------|
| | | 48498-6 | 48498-7 | 48498-8 | 48498-9 |
| PCB's (8082) | | | | | |
| Aroclor-1248 | ug/kg dw | 1500 | 1500 | 100 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2400 | 2900 | 83 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2000 | 2000 | 100 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1400 | 1500 | 93 % | 52-137 % |
| Surrogate - TCX * | % | 100 | 160 | 62 % | 30-150 % |
| Surrogate - DCB * | % | 190 | 160 | 119 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 09/17/04 | | 09/17/04 | |
| Analysis Date | | 09/20/04 | | 09/20/04 | |
| Batch ID | | 0917N | 0917N | 0917N | |
| Quantitation Factor | | 9.804 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 48498-10 | Matrix Spike Result (6303-3K) | Solid | 09/11/04 | | |
| 48498-11 | Matrix Spike % Recovery | Solid | 09/11/04 | | |
| 48498-12 | Matrix Spike Duplicate Result | Solid | 09/11/04 | | |
| 48498-13 | Matrix Spike Duplicate % Recovery | Solid | 09/11/04 | | |
| 48498-14 | MS Accuracy Advisory Limit (%R) | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 48498-10 | 48498-11 | 48498-12 | 48498-13 | 48498-14 |

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | 220 | 54 % | 250 | 61 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 230 | 56 % | 240 | 58 % | 28-153 % |
| Surrogate - TCX * | % | 10 | 50 % | 11 | 55 % | 30-150 % |
| Surrogate - DCB * | % | 29 | 145 % | 28 | 140 % | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 09/17/04 | 09/17/04 | 09/17/04 | 09/17/04 | |
| Analysis Date | | 09/20/04 | 09/20/04 | 09/20/04 | 09/20/04 | |
| Batch ID | | 0917N | 0917N | 0917N | 0917N | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 48498-15 | Precision (%RPD) MS/MSD | Solid | 09/11/04 | | |
| 48498-16 | MS Precision Advisory Limit (%RPD) | Solid | 09/11/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 48498-15 | 48498-16 |
| | | | |

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 0 % | <50 % |
| Aroclor-1260 | % | 4.4 % | <50 % |
| Batch ID | | 0917N | |



STL

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Order Number: S448498

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

**EVERN
TRENT** **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Alternate Laboratory Name/Location

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Phone:
Fax:

| | | | | | | | | | | |
|--|---------------|---------------------------------------|--|-------------------|---------------------|--|--|--|---------------|--|
| EST REFERENCE <i>in Street Ditch</i> | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | PAGE <i>1</i> | OF <i>1</i> |
| LAB) PROJECT MANAGER <i>Guliziz</i> | P.O. NUMBER | CONTRACT NO. | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL, SOLVENT...) <i>125 ml amber</i> | 490 | PRESERVATIVE | | | | | STANDARD REPORT DELIVERY <input checked="" type="checkbox"/> |
| NT (SITE) PM <i>Branchfield</i> | CLIENT PHONE | CLIENT FAX | | | | | | | | DATE DUE _____ |
| NT NAME <i>Solution</i> | CLIENT E-MAIL | | | | | | | | | EXPEDITED REPORT DELIVERY (SURCHARGE) <input type="checkbox"/> |
| COMPANY CONTRACTING THIS WORK (if applicable) <i>Genesis Project/Golder</i> | | | | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: <i>1</i> | | |

| SAMPLE | | SAMPLE IDENTIFICATION | COMPOSITE (C) OR GRAB (G) INDICATE | AQUEOUS (WATER) | SOLID OR SEMISOLID | AIR | NONAQUEOUS LIQUID (OIL, SOLVENT...) | NUMBER OF CONTAINERS SUBMITTED | | | | | REMARKS |
|--------------|-------------|-----------------------|------------------------------------|-----------------|--------------------|-----|-------------------------------------|--------------------------------|--|--|--|--|-----------------|
| DATE | TIME | | | | | | | | | | | | |
| <i>10/04</i> | <i>1210</i> | <i>RR-2 (comp)</i> | <i>C</i> | <i>✓</i> | | | <i>1</i> | | | | | | <i>Covel II</i> |
| | | | | | | | | | | | | | |
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TEMP 4.9

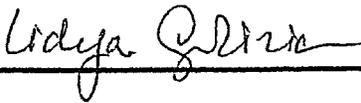
| | | | | | | | | |
|--|------|------|--|------|------|------------------------------|------|------|
| RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | DATE | TIME |
| RECEIVED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME |

| | | | | | | |
|--|----------------------|----------------------|---|------------------|--|--------------------|
| RECEIVED FOR LABORATORY BY (SIGNATURE) <i>[Signature]</i> | DATE <i>10/04</i> | TIME <i>12:05</i> | CUSTODY INTACT YES <input type="checkbox"/> NO <input type="checkbox"/> | CUSTODY SEAL NO. | STL SAVANNAH ALOC NO. <i>448128</i> | LABORATORY REMARKS |
|--|----------------------|----------------------|---|------------------|--|--------------------|

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S448972
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/04/2004
Sampled By: Client
Sample Received Date: 09/23/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto



Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: 5448972
Date Received: 09/23/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-3

Lab Sample ID
S448972*1

Matrix
Solid

Date Sampled
09/22/2004 14:20

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 48972-1 | RR-3 | Solid | 09/23/04 | 09/22/04 14:20 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 48972-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <38 |
| Aroclor-1221 | ug/kg dw | <78 |
| Aroclor-1232 | ug/kg dw | <38 |
| Aroclor-1242 | ug/kg dw | <38 |
| Aroclor-1248 | ug/kg dw | 120P J |
| Aroclor-1254 | ug/kg dw | 230 |
| Aroclor-1260 | ug/kg dw | 300 |
| Aroclor 1268 | ug/kg dw | 210 |
| Surrogate - TCX * | % | 53 % |
| Surrogate - DCB * | % | 305 %*F36 |
| Percent Solids | | 86 |
| Dilution Factor | | 1 |
| Prep Date | | 09/24/04 |
| Analysis Date | | 09/29/04 |
| Batch ID | | 0924N |
| Quantitation Factor | | 1.000 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 48972-2 | Method Blank | Solid | 09/23/04 | | |
| 48972-3 | Lab Control Standard % Recovery | Solid | 09/23/04 | | |
| 48972-4 | LCS Accuracy Control Limit (%R) | Solid | 09/23/04 | | |
| 48972-5 | Analyst Initials (First Initial.Last Name) | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 48972-2 | 48972-3 | 48972-4 | 48972-5 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 76 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 73 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 82 % | 70 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 76 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 09/24/04 | 09/24/04 | | |
| Analysis Date | | 09/29/04 | 09/29/04 | | |
| Batch ID | | 0924N | 0924N | | |
| Quantitation Factor | | 1.000 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 48972-6 | LCS - 093 Custom | Solid | 09/23/04 | | |
| 48972-7 | True Value - 093 Custom | Solid | 09/23/04 | | |
| 48972-8 | % Recovery - 093 Custom | Solid | 09/23/04 | | |
| 48972-9 | Accuracy Limits - 093 Custom | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 48972-6 | 48972-7 | 48972-8 | 48972-9 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 1300 | 1500 | 87 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2700 | 3000 | 90 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2200 | 2000 | 110 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1400 | 1500 | 93 % | 52-137 % |
| Surrogate - TCX * | % | 110 | 160 | 65 % | 30-150 % |
| Surrogate - DCB * | % | 190 | 160 | 112 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 09/24/04 | | 09/24/04 | |
| Analysis Date | | 09/29/04 | | 09/29/04 | |
| Batch ID | | 0924N | 0924N | 0924N | |
| Quantitation Factor | | 10.00 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 48972-10 | Matrix Spike Result (Batch) | Solid | 09/23/04 | | |
| 48972-11 | Matrix Spike % Recovery | Solid | 09/23/04 | | |
| 48972-12 | Matrix Spike Duplicate Result | Solid | 09/23/04 | | |
| 48972-13 | Matrix Spike Duplicate % Recovery | Solid | 09/23/04 | | |
| 48972-14 | MS Accuracy Advisory Limit (%R) | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 48972-10 | 48972-11 | 48972-12 | 48972-13 | 48972-14 |

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|-----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | 250 | 62 % | 190 | 48 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 250 | 62 % | 170 | 42 % | 28-153 % |
| Surrogate - TCX * | % | 10 | 50 % | 7.4 | 37 % | 30-150 % |
| Surrogate - DCB * | % | 31 | 155 %*F36 | 24 | 120 % | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 09/24/04 | 09/24/04 | 09/24/04 | 09/24/04 | |
| Analysis Date | | 09/29/04 | 09/29/04 | 09/29/04 | 09/29/04 | |
| Batch ID | | 0924N | 0924N | 0924N | 0924N | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 48972-15 | Precision (%RPD) MS/MSD | Solid | 09/23/04 | | |
| 48972-16 | MS Precision Advisory Limit (%RPD) | Solid | 09/23/04 | | |

| Parameter | Units | Lab Sample IDs | |
|--------------|-------|----------------|----------|
| | | 48972-15 | 48972-16 |
| PCB's (8082) | | | |
| Aroclor-1016 | % | 27 % | <50 % |
| Aroclor-1260 | % | 38 % | <50 % |
| Batch ID | | 0924N | |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S448972

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S449934
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 10/28/2004
Sampled By: Client
Sample Received Date: 10/15/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.

Sample Summary

Order: S449934
Date Received: 10/15/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-4

Lab Sample ID
S449934*1

Matrix
Solid

Date Sampled
10/07/2004 15:32

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 49934-1 | RR-4 | Solid | 10/15/04 | 10/07/04 15:32 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 49934-1 |

PCB's (8082)

| | | |
|---------------------|----------|----------|
| Aroclor-1016 | ug/kg dw | <410 |
| Aroclor-1221 | ug/kg dw | <840 |
| Aroclor-1232 | ug/kg dw | <410 |
| Aroclor-1242 | ug/kg dw | <410 |
| Aroclor-1248 | ug/kg dw | 490P J |
| Aroclor-1254 | ug/kg dw | 3400 |
| Aroclor-1260 | ug/kg dw | 2800 |
| Aroclor 1268 | ug/kg dw | 2200 |
| Surrogate - TCX * | % | *F33 |
| Surrogate - DCB * | % | *F33 |
| Percent Solids | | 80 |
| Dilution Factor | | 10 |
| Prep Date | | 10/19/04 |
| Analysis Date | | 10/20/04 |
| Batch ID | | 1019T |
| Quantitation Factor | | 10.00 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 49934-2 | Method Blank | Solid | 10/15/04 | | |
| 49934-3 | Lab Control Standard % Recovery | Solid | 10/15/04 | | |
| 49934-4 | LCS Accuracy Control Limit (%R) | Solid | 10/15/04 | | |
| 49934-5 | Analyst Initials (First Initial.Last Name) | Solid | 10/15/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|---------------------|----------|----------------|----------|----------|----------|
| | | 49934-2 | 49934-3 | 49934-4 | 49934-5 |
| PCB's (8082) | | | | | |
| Aroclor-1016 | ug/kg dw | <33 | 91 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 100 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 82 % | 70 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 94 % | 129 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 10/19/04 | 10/19/04 | | |
| Analysis Date | | 10/20/04 | 10/20/04 | | |
| Batch ID | | 1019T | 1019T | | |
| Quantitation Factor | | 1.000 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDC# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 49934-6 | LCS - 093 Custom | Solid | 10/15/04 | | |
| 49934-7 | True Value - 093 Custom | Solid | 10/15/04 | | |
| 49934-8 | % Recovery - 093 Custom | Solid | 10/15/04 | | |
| 49934-9 | Accuracy Limits - 093 Custom | Solid | 10/15/04 | | |

Lab Sample IDs

| Parameter | Units | 49934-6 | 49934-7 | 49934-8 | 49934-9 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|-----------|----------|
| Aroclor-1248 | ug/kg dw | 1200 | 1500 | 80 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 3100 | 3000 | 103 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 2900 | 2000 | 145 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1300 | 1500 | 87 % | 52-137 % |
| Surrogate - TCX * | % | 120 | 160 | 70 % | 30-150 % |
| Surrogate - DCB * | % | 300 | 160 | 176 %*F36 | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 10/19/04 | | 10/19/04 | |
| Analysis Date | | 10/20/04 | | 10/20/04 | |
| Batch ID | | 1019T | 1019T | 1019T | |
| Quantitation Factor | | 9.967 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|---|--------|---------------|--------------|------|
| 49934-10 | Matrix Spike Result (2823-3B-7 Log#S449962) | Solid | 10/15/04 | | |
| 49934-11 | Matrix Spike % Recovery | Solid | 10/15/04 | | |
| 49934-12 | Matrix Spike Duplicate Result | Solid | 10/15/04 | | |
| 49934-13 | Matrix Spike Duplicate % Recovery | Solid | 10/15/04 | | |
| 49934-14 | MS Accuracy Advisory Limit (%R) | Solid | 10/15/04 | | |

Lab Sample IDs

| Parameter | Units | 49934-10 | 49934-11 | 49934-12 | 49934-13 | 49934-14 |
|-----------|-------|----------|----------|----------|----------|----------|
|-----------|-------|----------|----------|----------|----------|----------|

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|-----------|----------|-----------|----------|
| Aroclor-1016 | ug/kg dw | 260 | 68 % | 240 | 63 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 450 | 79 % | 420 | 71 % | 28-153 % |
| Surrogate - TCX * | % | 12 | 63 % | 11 | 58 % | 30-150 % |
| Surrogate - DCB * | % | 180 | 947 %*F36 | 180 | 947 %*F36 | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 10/19/04 | 10/19/04 | 10/19/04 | 10/19/04 | |
| Analysis Date | | 10/20/04 | 10/20/04 | 10/20/04 | 10/20/04 | |
| Batch ID | | 1019T | 1019T | 1019T | 1019T | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 49934-15 | Precision (%RPD) MS/MSD | Solid | 10/15/04 | | |
| 49934-16 | MS Precision Advisory Limit (%RPD) | Solid | 10/15/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 49934-15 | 49934-16 |

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 8.0 % | <50 % |
| Aroclor-1260 | % | 6.9 % | <50 % |
| Batch ID | | 1019T | |

Order Number: S449934

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hende1/G.Macolly

Order Number: S450501
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 11/16/2004
Sampled By: Client
Sample Received Date: 10/29/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



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STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S450501
Date Received: 10/29/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-5

Lab Sample ID
S450501*1

Matrix
Solid

Date Sampled
10/27/2004 13:36

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 50501-1 | RR-5 | Solid | 10/29/04 | 10/27/04 13:36 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 50501-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <160 |
| Aroclor-1221 | ug/kg dw | <320 |
| Aroclor-1232 | ug/kg dw | <160 |
| Aroclor-1242 | ug/kg dw | <160 |
| Aroclor-1248 | ug/kg dw | 740 |
| Aroclor-1254 | ug/kg dw | 2700 |
| Aroclor-1260 | ug/kg dw | 1600 |
| Aroclor 1268 | ug/kg dw | 820 |
| Surrogate - TCX * | % | 55 % |
| Surrogate - DCB * | % | 800 %*F36 |
| Percent Solids | | 84 |
| Dilution Factor | | 4 |
| Prep Date | | 11/09/04 |
| Analysis Date | | 11/11/04 |
| Batch ID | | 11090 |
| Quantitation Factor | | 4.000 |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 50501-2 | Method Blank | Solid | 10/29/04 | | |
| 50501-3 | Lab Control Standard % Recovery | Solid | 10/29/04 | | |
| 50501-4 | LCS Accuracy Control Limit (%R) | Solid | 10/29/04 | | |
| 50501-5 | Analyst Initials (First Initial.Last Name) | Solid | 10/29/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|---------------------|----------|----------------|----------|----------|---------|----------|
| | | 50501-2 | 50501-3 | 50501-4 | 50501-5 | |
| PCB's (8082) | | | | | | |
| Aroclor-1016 | ug/kg dw | <33 | 61 % | 24-132 % | | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 73 % | 28-153 % | | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | | J.KELLAR |
| Surrogate - TCX * | % | 48 % | 52 % | 30-150 % | | J.KELLAR |
| Surrogate - DCB * | % | 82 % | 70 % | 30-150 % | | J.KELLAR |
| Dilution Factor | | 1 | 1 | | | |
| Prep Date | | 11/09/04 | 11/09/04 | | | |
| Analysis Date | | 11/11/04 | 11/11/04 | | | |
| Batch ID | | 11090 | 11090 | | | |
| Quantitation Factor | | 1.000 | | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 50501-6 | LCS - 093 Custom | Solid | 10/29/04 | | |
| 50501-7 | True Value - 093 Custom | Solid | 10/29/04 | | |
| 50501-8 | % Recovery - 093 Custom | Solid | 10/29/04 | | |
| 50501-9 | Accuracy Limits - 093 Custom | Solid | 10/29/04 | | |

Lab Sample IDs

| Parameter | Units | 50501-6 | 50501-7 | 50501-8 | 50501-9 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 1200 | 1500 | 80 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2500 | 3000 | 83 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 1800 | 2000 | 90 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1300 | 1500 | 87 % | 52-137 % |
| Surrogate - TCX * | % | 82 | 170 | 48 % | 30-150 % |
| Surrogate - DCB * | % | 160 | 170 | 94 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 11/09/04 | | 11/09/04 | |
| Analysis Date | | 11/11/04 | | 11/11/04 | |
| Batch ID | | 11090 | 11090 | 11090 | |
| Quantitation Factor | | 10.00 | | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 50501-10 | Matrix Spike Result (Batch) | Solid | 10/29/04 | | |
| 50501-11 | Matrix Spike % Recovery | Solid | 10/29/04 | | |
| 50501-12 | Matrix Spike Duplicate Result | Solid | 10/29/04 | | |
| 50501-13 | Matrix Spike Duplicate % Recovery | Solid | 10/29/04 | | |
| 50501-14 | MS Accuracy Advisory Limit (%R) | Solid | 10/29/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 50501-10 | 50501-11 | 50501-12 | 50501-13 | 50501-14 |

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|-----------|----------|-----------|----------|
| Aroclor-1016 | ug/kg dw | 420 | 105 % | 460 | 115 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 1600 | 0 %*F61 | 1800 | 50 % | 28-153 % |
| Surrogate - TCX * | % | 9.8 | 49 % | 11 | 55 % | 30-150 % |
| Surrogate - DCB * | % | 140 | 700 %*F36 | 130 | 650 %*F36 | 30-150 % |
| Dilution Factor | | 4 | 4 | 4 | 4 | |
| Prep Date | | 11/09/04 | 11/09/04 | 11/09/04 | 11/09/04 | |
| Analysis Date | | 11/11/04 | 11/11/04 | 11/11/04 | 11/11/04 | |
| Batch ID | | 11090 | 11090 | 11090 | 11090 | |
| Quantitation Factor | | 4.000 | | 4.000 | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 50501-15 | Precision (%RPD) MS/MSD | Solid | 10/29/04 | | |
| 50501-16 | MS Precision Advisory Limit (%RPD) | Solid | 10/29/04 | | |

| Parameter | Units | Lab Sample IDs | |
|-----------|-------|----------------|----------|
| | | 50501-15 | 50501-16 |

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 9.1 % | <50 % |
| Aroclor-1260 | % | 12 % | <50 % |
| Batch ID | | 11090 | |



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Order Number: S450501

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F61 = The recoveries of the matrix spikes are outside advisory limits due to the abundance of the target analyte in the sample.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

SEVERN
TRENT **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

| | | | | | | | | | |
|--|---------------|---------------------------------------|---|-------------------|--|--|--|--|---------------------------|
| PROJECT REFERENCE <i>11th Street Ditch</i> | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | PAGE <i>1</i> OF <i>1</i> |
| STL (LAB) PROJECT MANAGER <i>L. Guizzia</i> | P.O. NUMBER | CONTRACT NO. | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL, SOLVENT, ...) <i>40c</i> | PRESERVATIVE | STANDARD REPORT DELIVERY | | | | DATE DUE <i>11/12/04</i> |
| CLIENT (SITE) PM <i>C. Branchfield</i> | CLIENT PHONE | CLIENT FAX | | | EXPEDITED REPORT DELIVERY (SURCHARGE) | | | | <input type="checkbox"/> |
| CLIENT NAME <i>Solution</i> | CLIENT E-MAIL | | | | DATE DUE _____ | | | | |
| CLIENT ADDRESS | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: <i>1</i> | | | | |
| COMPANY CONTRACTING THIS WORK (if applicable) <i>Genesis Project/Golder</i> | | | | | | | | | |

| SAMPLE | | SAMPLE IDENTIFICATION | COMPOSITE (C) OR GRAB (G) INDICATE | AQUEOUS (WATER) | SOLID OR SEMISOLID | AIR | NONAQUEOUS LIQUID (OIL, SOLVENT, ...) | NUMBER OF CONTAINERS SUBMITTED | | | | | REMARKS |
|-----------------|-------------|-----------------------|-------------------------------------|-------------------------------------|--------------------|-----|---------------------------------------|--------------------------------|--|--|--|--|---------|
| DATE | TIME | | | | | | | | | | | | |
| <i>10/27/04</i> | <i>1336</i> | <i>RR-5</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <i>1</i> | | | | | | |
| | | | | | | | | | | | | | |
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TEMP. *4.0*

| | | | | | | | | |
|--|------|------|--|-------------------------|---------------------|------------------------------|------|------|
| RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>10/28/04</i> | TIME <i>1700</i> | RELINQUISHED BY: (SIGNATURE) | DATE | TIME |
| RECEIVED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME |

| | | | | | | |
|---|-------------------------|---------------------|---|------------------|--|--------------------------------------|
| RECEIVED FOR LABORATORY BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>10/29/04</i> | TIME <i>1100</i> | CUSTODY INTACT YES <input type="checkbox"/> NO <input type="checkbox"/> | GUSTODY SEAL NO. | STL SAVANNAH LOG NO. <i>5450482</i> | LABORATORY REMARKS <i>5450501</i> |
|---|-------------------------|---------------------|---|------------------|--|--------------------------------------|

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5400501

Number of Coolers Received: 1

Received By: MT

Date: 10/29/04

Project Manager: _____

Client: Solutia

Courier: / Fed EX ___ UPS ___ Client ___ Other

Cooler Temperature(s) Upon Receipt: 4.0

| | YES | NO* |
|--|-----|-----|
| Is cooler temperature $\leq 6^{\circ}\text{C}$, with no frozen samples? NOTE: If $>6^{\circ}\text{C}$ and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s). | ✓ | |
| Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list: | | |
| Are custody seals intact, if used? If no seals are used, then write NA in space provided: | NA | |
| Did samples arrive in good condition with no breakage? | ✓ | |
| Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list: | | |
| Is there a COC? | ✓ | |
| Circle One: Is the COC an STL COC or a client COC? | | |
| Is the COC filled out completely? | ✓ | |
| Is the COC filled out in ink and signed? | ✓ | |
| Are all sample containers labeled? | ✓ | |
| Are all sample labels legible? | ✓ | |
| Are all samples listed on COC included in cooler? | ✓ | |
| Are all samples included in cooler listed on COC? | ✓ | |
| Do sample IDs on containers match sample IDs on COC? | ✓ | |
| Do containers contain sufficient volumes? | | |

*All boxes checked 'NO' require PM notification and completion of next 2 sections.

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary):

PM STAFF:

Client Contacted: ___ YES ___ NO
Contact: _____ Date: _____
Resolution: _____

PM Signature: _____



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S451204
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/02/2004
Sampled By: Client
Sample Received Date: 11/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



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STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Sample Summary

Order: S451204
Date Received: 11/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-6

Lab Sample ID
S451204*1

Matrix
Solid

Date Sampled
11/16/2004 10:09

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 51204-1 | RR-6 | Solid | 11/17/04 | 11/16/04 10:09 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 51204-1 |

PCB's (8082)

| | | |
|---------------------|----------|----------|
| Aroclor-1015 | ug/kg dw | <1800 |
| Aroclor-1221 | ug/kg dw | <3600 |
| Aroclor-1232 | ug/kg dw | <1800 |
| Aroclor-1242 | ug/kg dw | <1800 |
| Aroclor-1248 | ug/kg dw | 29000 |
| Aroclor-1254 | ug/kg dw | 34000 |
| Aroclor-1260 | ug/kg dw | 20000 |
| Aroclor 1268 | ug/kg dw | 6000 |
| Surrogate - TCX * | % | *F33 |
| Surrogate - DCB * | % | *F33 |
| Percent Solids | | 75 |
| Dilution Factor | | 40 |
| Prep Date | | 11/23/04 |
| Analysis Date | | 11/25/04 |
| Batch ID | | 1123R |
| Quantitation Factor | | 40.00 |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 51204-2 | Method Blank | Solid | 11/17/04 | | |
| 51204-3 | Lab Control Standard % Recovery | Solid | 11/17/04 | | |
| 51204-4 | LCS Accuracy Control Limit (%R) | Solid | 11/17/04 | | |
| 51204-5 | Analyst Initials (First Initial.Last Name) | Solid | 11/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 51204-2 | 51204-3 | 51204-4 | 51204-5 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 54 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 76 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 65 % | 40 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 76 % | 70 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 11/23/04 | 11/23/04 | | |
| Analysis Date | | 11/25/04 | 11/25/04 | | |
| Batch ID | | 1123R | 1123R | | |
| Quantitation Factor | | 1.000 | | | |



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Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 51204-6 | LCS - 093 Custom | Solid | 11/17/04 | | |
| 51204-7 | True Value - 093 Custom | Solid | 11/17/04 | | |
| 51204-8 | % Recovery - 093 Custom | Solid | 11/17/04 | | |
| 51204-9 | Accuracy Limits - 093 Custom | Solid | 11/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 51204-6 | 51204-7 | 51204-8 | 51204-9 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 800 | 1500 | 53 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 2100 | 2900 | 72 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 1600 | 1900 | 84 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 890 | 1500 | 59 % | 52-137 % |
| Surrogate - TCX * | % | 67 | 170 | 42 % | 30-150 % |
| Surrogate - DCB * | % | 150 | 170 | 94 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 11/23/04 | | 11/23/04 | |
| Analysis Date | | 11/25/04 | | 11/25/04 | |
| Batch ID | | 1123R | 1123R | 1123R | |
| Quantitation Factor | | 9.740 | | | |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 51204-10 | Matrix Spike Result (Batch) | Solid | 11/17/04 | | |
| 51204-11 | Matrix Spike % Recovery | Solid | 11/17/04 | | |
| 51204-12 | Matrix Spike Duplicate Result | Solid | 11/17/04 | | |
| 51204-13 | Matrix Spike Duplicate % Recovery | Solid | 11/17/04 | | |
| 51204-14 | MS Accuracy Advisory Limit (%R) | Solid | 11/17/04 | | |

Lab Sample IDs

| Parameter | Units | 51204-10 | 51204-11 | 51204-12 | 51204-13 | 51204-14 |
|-----------|-------|----------|----------|----------|----------|----------|
|-----------|-------|----------|----------|----------|----------|----------|

PCB's (8082)

| | | | | | | |
|---------------------|----------|----------|------------|----------|------------|----------|
| Aroclor-1016 | ug/kg dw | 190 | 46 % | 210 | 51 % | 24-132 % |
| Aroclor-1260 | ug/kg dw | 370 | 90 % | 360 | 88 % | 28-153 % |
| Surrogate - TCX * | % | 9.3 | 46 % | 8.8 | 44 % | 30-150 % |
| Surrogate - DCB * | % | 220 | 1100 %*F36 | 200 | 1000 %*F36 | 30-150 % |
| Dilution Factor | | 1 | 1 | 1 | 1 | |
| Prep Date | | 11/23/04 | 11/23/04 | 11/23/04 | 11/23/04 | |
| Analysis Date | | 11/25/04 | 11/25/04 | 11/25/04 | 11/25/04 | |
| Batch ID | | 1123R | 1123R | 1123R | 1123R | |
| Quantitation Factor | | 1.000 | | 1.000 | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 51204-15 | Precision (%RPD) MS/MSD | Solid | 11/17/04 | | |
| 51204-16 | MS Precision Advisory Limit (%RPD) | Solid | 11/17/04 | | |

Lab Sample IDs

| Parameter | Units | 51204-15 | 51204-16 |
|-----------|-------|----------|----------|
|-----------|-------|----------|----------|

PCB's (8082)

| | | | |
|--------------|---|-------|-------|
| Aroclor-1016 | % | 10 % | <50 % |
| Aroclor-1260 | % | 2.7 % | <50 % |
| Batch ID | | 1123R | |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S451204

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F33 = Control limits are established only for surrogate concentration levels specified by EPA methods. Because the sample was diluted prior to analysis, surrogate recoveries are not reported.



STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: S451204

Number of Coolers Received: 1

Received By: X.M

Date: 6/17/04
Client: C. Brand Fred

Project Manager: _____

Courier: Fed EX UPS Client Other

Cooler Temperature(s) Upon Receipt: _____

| | YES | NO* |
|---|-------------------------------------|--------------------------|
| Is cooler temperature $\leq 6^{\circ}\text{C}$, with no frozen samples? NOTE: If $> 6^{\circ}\text{C}$ and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Did the samples arrive on <u>wet ice</u> , blue ice, no ice, or other? If other, then list: | | |
| Are custody seals intact, if used? If no seals are used, then write NA in space provided: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did samples arrive in good condition with no breakage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Type of packing used is: vermiculite, <u>bubble wrap</u> or other. If other, then list: | | |
| Is there a COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Is the COC an <u>STL Savannah COC</u> or a client COC? | | |
| Is the COC filled out completely? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is the COC filled out in ink and signed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample containers labeled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples listed on COC included in cooler? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples included in cooler listed on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do sample IDs on containers match sample IDs on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do containers contain sufficient volumes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

* All boxes checked 'NO' require PM notification and completion of next 2 sections.

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary): NA

PM STAFF:

Client Contacted: YES NO

Contact: _____ Date: _____

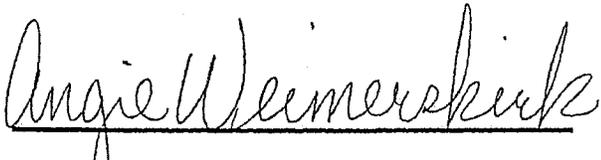
Resolution: _____

PM Signature: [Signature]

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S452339
SDG Number:
Client Project ID:
Project: Anniston/11th Street Ditch
Report Date: 12/22/2004
Sampled By: Client
Sample Received Date: 12/17/2004
Requisition Number:
Purchase Order: 4508671929 Monsanto


for Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Sample Summary

Order: S452339
Date Received: 12/17/2004

Client: Golder Associates, Inc.
Project: Anniston/11th Street Ditch

Client Sample ID
RR-7 (COMP)

Lab Sample ID
S452339*1

Matrix
Solid

Date Sampled
12/16/2004 15:10



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 52339-1 | RR-7 (COMP) | Solid | 12/17/04 | 12/16/04 15:10 | |

| Parameter | Units | Lab Sample IDs |
|-----------|-------|----------------|
| | | 52339-1 |

PCB's (8082)

| | | |
|---------------------|----------|-----------|
| Aroclor-1016 | ug/kg dw | <39 |
| Aroclor-1221 | ug/kg dw | <80 |
| Aroclor-1232 | ug/kg dw | <39 |
| Aroclor-1242 | ug/kg dw | <39 |
| Aroclor-1248 | ug/kg dw | <39 |
| Aroclor-1254 | ug/kg dw | 150 |
| Aroclor-1260 | ug/kg dw | 280 |
| Aroclor 1268 | ug/kg dw | 320 |
| Surrogate - TCX * | % | 100 % |
| Surrogate - DCB * | % | 800 %*F36 |
| Percent Solids | | 84 |
| Dilution Factor | | 1 |
| Prep Date | | 12/20/04 |
| Analysis Date | | 12/21/04 |
| Batch ID | | 1220Q |
| Quantitation Factor | | 1.000 |



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STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 52339-2 | Method Blank | Solid | 12/17/04 | | |
| 52339-3 | Lab Control Standard % Recovery | Solid | 12/17/04 | | |
| 52339-4 | LCS Accuracy Control Limit (%R) | Solid | 12/17/04 | | |
| 52339-5 | Analyst Initials (First Initial.Last Name) | Solid | 12/17/04 | | |

Lab Sample IDs

| Parameter | Units | 52339-2 | 52339-3 | 52339-4 | 52339-5 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 67 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 82 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 76 % | 65 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 82 % | 76 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 12/20/04 | 12/20/04 | | |
| Analysis Date | | 12/21/04 | 12/21/04 | | |
| Batch ID | | 1220Q | 1220Q | | |
| Quantitation Factor | | 1.000 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 52339-6 | LCS - 093 Custom | Solid | 12/17/04 | | |
| 52339-7 | True Value - 093 Custom | Solid | 12/17/04 | | |
| 52339-8 | % Recovery - 093 Custom | Solid | 12/17/04 | | |
| 52339-9 | Accuracy Limits - 093 Custom | Solid | 12/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|---------|---------|---------|
| | | 52339-6 | 52339-7 | 52339-8 | 52339-9 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 740 | 1500 | 49 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 1900 | 3000 | 63 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 1800 | 2000 | 90 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 960 | 1500 | 64 % | 52-137 % |
| Surrogate - TCX * | % | 110 | 170 | 69 % | 30-150 % |
| Surrogate - DCB * | % | 170 | 170 | 106 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 12/20/04 | | 12/20/04 | |
| Analysis Date | | 12/21/04 | | 12/21/04 | |
| Batch ID | | 1220Q | 1220Q | 1220Q | |
| Quantitation Factor | | 9.901 | | | |



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STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-----------------------------------|--------|---------------|--------------|------|
| 52339-10 | Matrix Spike Result (Batch) | Solid | 12/17/04 | | |
| 52339-11 | Matrix Spike % Recovery | Solid | 12/17/04 | | |
| 52339-12 | Matrix Spike Duplicate Result | Solid | 12/17/04 | | |
| 52339-13 | Matrix Spike Duplicate % Recovery | Solid | 12/17/04 | | |
| 52339-14 | MS Accuracy Advisory Limit (%R) | Solid | 12/17/04 | | |

| Parameter | Units | Lab Sample IDs | | | | |
|-----------|-------|----------------|----------|----------|----------|----------|
| | | 52339-10 | 52339-11 | 52339-12 | 52339-13 | 52339-14 |

PCB's (8082)

| | | | | | | |
|---------------------|---|------|------|------|------|------|
| Aroclor-1016 | * | *F62 | *F62 | *F62 | *F62 | *F62 |
| Dilution Factor | | * | * | * | * | |
| Prep Date | | * | * | * | * | |
| Analysis Date | | * | * | * | * | |
| Batch ID | | * | * | * | * | |
| Quantitation Factor | | * | | * | | |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------------|--------|---------------|--------------|------|
| 52339-15 | Precision (%RPD) MS/MSD | Solid | 12/17/04 | | |
| 52339-16 | MS Precision Advisory Limit (%RPD) | Solid | 12/17/04 | | |

Lab Sample IDs

| Parameter | Units | 52339-15 | 52339-16 |
|-----------|-------|----------|----------|
|-----------|-------|----------|----------|

PCB's (8082)

| | | | |
|--------------|---|------|------|
| Aroclor-1016 | % | *F62 | *F62 |
| Batch ID | | * | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Order Number: S452339

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

*F36 = Surrogate recovery was outside established limits due to a coeluting matrix interference in the sample.

*F62 = Matrix spikes were not recovered due to sample dilution required prior to analysis.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

**SEVERN
TRENT** **STL**

STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

| | | | | | | | | | | | | | | | | |
|---|---------------|---------------------------------------|--|-------------------|--|--|--|--|--|--|--|--|--|------------------|--|----------------|
| PROJECT REFERENCE <i>11th St Ditch</i> | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | | | | | | PAGE <i>1</i> | OF <i>1</i> | |
| STL (LAB) PROJECT MANAGER <i>L. G. G. G.</i> | P.O. NUMBER | CONTRACT NO. | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL SOLVENT...) <i>402</i> | PRESERVATIVE | | | | | | | | | | | STANDARD REPORT DELIVERY <input type="radio"/> | DATE DUE _____ |
| CLIENT (SITE) PM <i>L. C. Blanchfield</i> | CLIENT PHONE | CLIENT FAX | | | | | | | | | | | | | EXPEDITED REPORT DELIVERY (SURCHARGE) <input type="radio"/> | DATE DUE _____ |
| CLIENT NAME <i>Solutia</i> | CLIENT E-MAIL | | | | | | | | | | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: | |
| CLIENT ADDRESS | | | | | | | | | | | | | | | | |

COMPANY CONTRACTING THIS WORK (if applicable)
Genesis Project

| SAMPLE | | SAMPLE IDENTIFICATION | COMPOSITE (C) OR GRAB (G) INDICATE | PRESERVATIVE | AIR | NONAQUEOUS LIQUID (OIL SOLVENT...) | NUMBER OF CONTAINERS SUBMITTED | | | | | | | | | | REMARKS | | | | | | | |
|-----------------|-------------|-----------------------|------------------------------------|--------------|-----|------------------------------------|--------------------------------|---|---|---|---|---|---|---|---|----|---------|----|----|--|--|--|--|--|
| DATE | TIME | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | | | | | |
| <i>12/16/04</i> | <i>1510</i> | <i>RR-7 (wmp)</i> | <i>C</i> | | | <i>1</i> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

TEMP. *1.0*

| | | | | | | | | |
|--|-------------------------|---------------------|--|-------------------------|---------------------|------------------------------|------|------|
| RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>12/16/04</i> | TIME <i>1645</i> | RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>12/16/04</i> | TIME <i>1645</i> | RELINQUISHED BY: (SIGNATURE) | DATE | TIME |
| RECEIVED BY: (SIGNATURE) <i>[Signature]</i> | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME | RECEIVED BY: (SIGNATURE) | DATE | TIME |

| | | | | | | |
|--|-------------------------|---------------------|---|------------------|--|--------------------|
| RECEIVED FOR LABORATORY BY (SIGNATURE) <i>[Signature]</i> | DATE <i>12/17/04</i> | TIME <i>0901</i> | CUSTODY INTACT YES <input type="radio"/> NO <input type="radio"/> | CUSTODY SEAL NO. | STL SAVANNAH LOG NO. <i>8452339</i> | LABORATORY REMARKS |
|--|-------------------------|---------------------|---|------------------|--|--------------------|



STL

COOLER RECEIPT AND INSPECTION FORM

Log Number: 5452339, 2340

Number of Coolers Received: 1

Received By: MT

Date: 12/17/04

Project Manager: _____

Client: Solutia

Courier: Fed EX UPS Client Other

Cooler Temperature(s) Upon Receipt: 1.0

| | YES | NO* |
|---|-------------------------------------|-------------------------------------|
| Is cooler temperature <6°C, with no frozen samples? <small>NOTE: If >6°C and/or samples are frozen AND multiple coolers are received, list all samples associated with out-of-temp cooler(s).</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Did the samples arrive on wet ice, blue ice, no ice, or other? If other, then list: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are custody seals intact, if used? If no seals are used, then write NA in space provided: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did samples arrive in good condition with no breakage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Type of packing used is: vermiculite, bubble wrap, or other. If other, then list: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there a COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Circle One: Is the COC an STL Savannah COC or a client COC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is the COC filled out completely? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is the COC filled out in ink and signed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample containers labeled? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all sample labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples listed on COC included in cooler? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all samples included in cooler listed on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do sample IDs on containers match sample IDs on COC? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do containers contain sufficient volumes? | <input type="checkbox"/> | <input type="checkbox"/> |

* All boxes checked "NO" require PM notification and completion of next 2 sections.

CUSTODY STAFF:

Describe all anomalous receipt situations in detail (attach additional sheets if necessary):

PM STAFF:

Client Contacted: YES NO

Contact: _____ Date: _____

Resolution: _____

PM Signature: _____

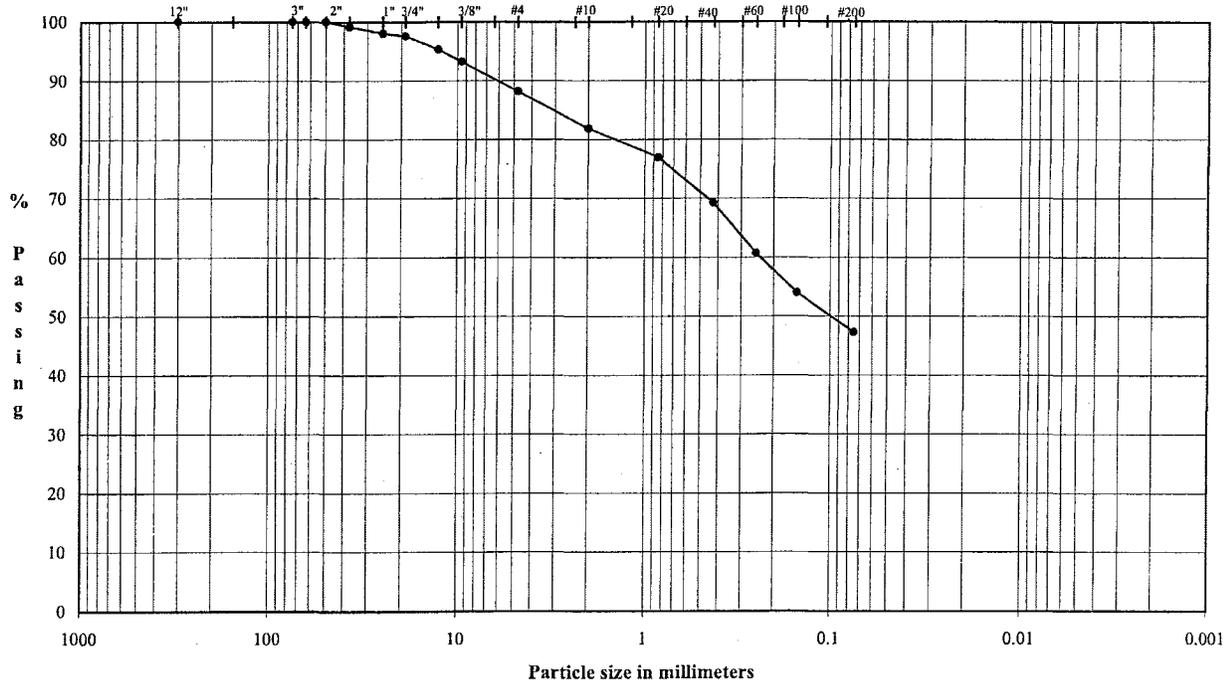
APPENDIX M

IMPORTED COMMON FILL DOCUMENTATION

PARTICLE SIZE DISTRIBUTION & ATTERBERG LIMITS

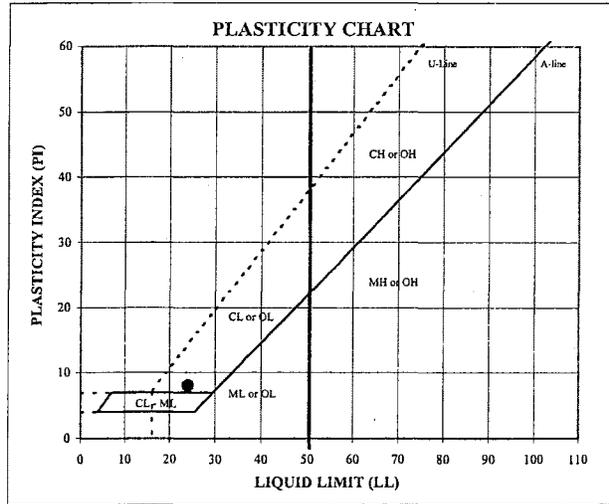
ASTM D421, D422, D4318

PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
 SAMPLE ID: MH-SP-1 Depth: -
 TYPE: Bulk



| | | | | | | |
|---------|--------|------|--------|--------|------|--------------|
| COBBLES | Coarse | Fine | Coarse | Medium | Fine | Silt or Clay |
| | GRAVEL | | SAND | | | FINES |

| U.S. Standard Sieves Sizes and Numbers | Particle Size | Particle Size | Classification | Percentage |
|--|---------------|---------------|----------------|---------------|
| | (mm) | % Passing | | |
| | 12.0" | 304.8 | 100.0 | |
| | 3.0" | 75.0 | 100.0 | Cobbles |
| | 2.5" | 63.5 | 100.0 | |
| | 2.0" | 50.0 | 100.0 | |
| | 1.5" | 37.5 | 99.1 | |
| | 1.0" | 25.0 | 98.0 | |
| | 0.75" | 19.0 | 97.5 | Coarse Gravel |
| | 0.50" | 12.7 | 95.3 | |
| | 0.375" | 9.5 | 93.2 | |
| | #4 | 4.8 | 88.2 | Fine Gravel |
| | #10 | 2.0 | 81.8 | Coarse Sand |
| | #20 | 0.85 | 76.9 | |
| | #40 | 0.43 | 69.2 | Medium Sand |
| | #60 | 0.25 | 60.7 | |
| | #100 | 0.15 | 54.0 | |
| | #200 | 0.075 | 47.3 | Fine Sand |
| | | | | Fines |
| | | | | 47.30 |



ATTERBERG LIMITS
Method-B (Dry preparation)

| | | | | |
|----------------|----|----|----|-------|
| M _L | LL | PL | PI | LI |
| 15.4 | 24 | 16 | 8 | -0.02 |

DESCRIPTION: Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.
 USCS: SC

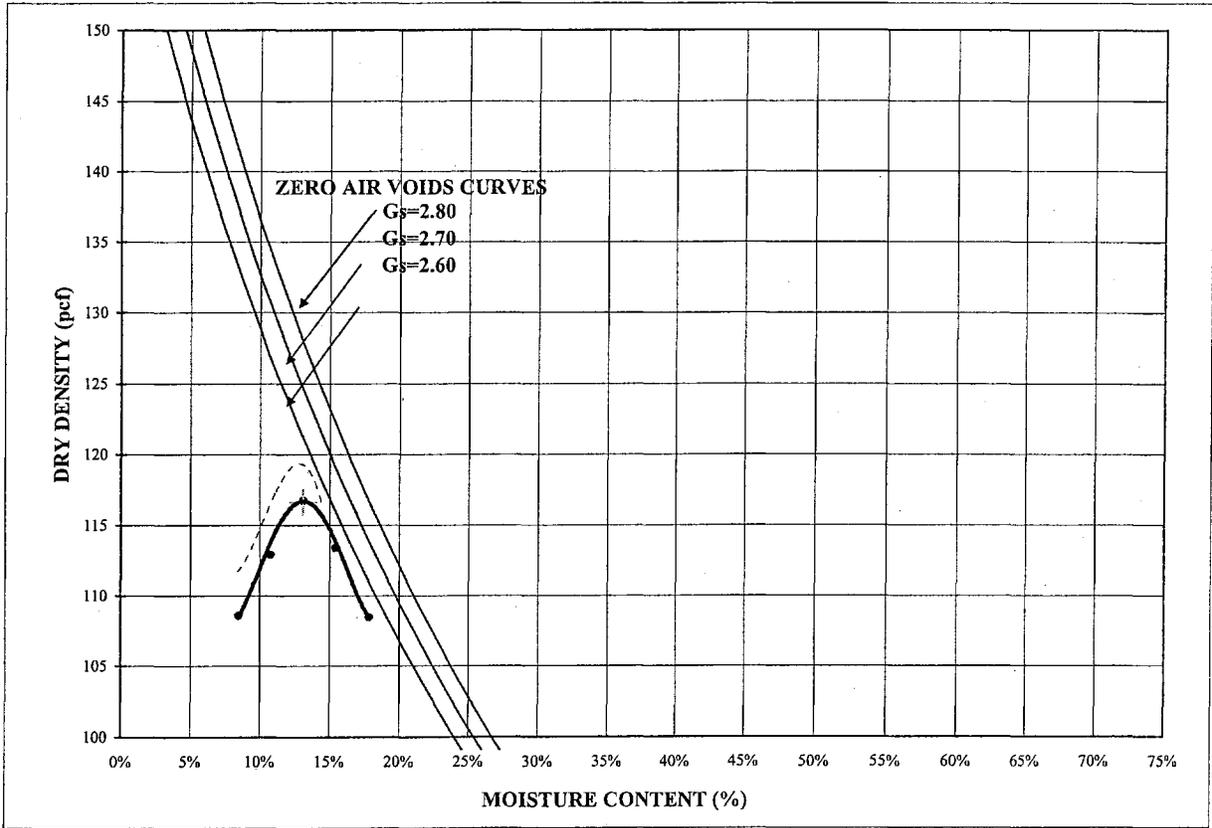
LL (oven-dried)
 <0.75 - ORGANIC (OL/OH)

TECH: PWM/TJ/JH
 DATE: 02/04/02
 CHECK:
 REVIEW:

MOISTURE / DRY DENSITY CURVE ASTM D 698 Method A

| | | |
|------------|----------|------------|
| Mechanical | Standard | Wet Method |
|------------|----------|------------|

PROJECT NAME: MONSANTO/RESIDENTIAL SAMPLING/AL
 PROJECT NUMBER: 043-3746
 SAMPLE ID: MH-SP-1 - DEPTH: - SAMPLE TYPE: Bulk



| COMPACTION POINTS | | |
|-------------------|-------------------|----------------------|
| Specimen Number | Dry Density (pcf) | Moisture Content (%) |
| 1 | 108.6 | 8.5% |
| 2 | 112.8 | 10.8% |
| 3 | 116.7 | 13.1% |
| 4 | 113.4 | 15.4% |
| 5 | 108.4 | 17.8% |

| | |
|-------------------------------------|-------|
| Maximum Dry Density (pcf) | 116.6 |
| Optimum Moisture (%) | 13.1 |
| Corrected Maximum Dry Density (pcf) | 119.2 |
| Corrected Optimum Moisture (%) | 12.5 |

As-Received Moisture Content 15.4%

| | |
|--------------------------|-------|
| % Retained on # 4 sieve | 11.0% |
| % Retained on 3/8" sieve | |
| % Retained on 3/4" sieve | |

DESCRIPTION Reddish Brown, COARSE TO FINE SAND, and silty clay, little coarse to fine gravel.

USCS SC

CHECK
 REVIEW



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Report

For: Mr. Steve Moeller
Golder Associates, Inc.
3730 Chamblee Tucker Road
Atlanta, GA 30341
CC: Lori Hendel/G.Macolly

Order Number: S445945A
SDG Number:
Client Project ID:
Project: Anniston PCB/Residential Borrow Source
Report Date: 07/20/2004
Sampled By: Client
Sample Received Date: 07/02/2004
Requisition Number:
Purchase Order: 4508648709 Monsanto

Lidya Gulizia, Project Manager
lgulizia@stl-inc.com

The test results in this report meet all NELAP requirements for parameters for which accreditation is required or available. Any exceptions to NELAP requirements are noted in this report. Pursuant to NELAP, this report may not be reproduced, except in full, without the written approval of the laboratory.



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Sample Summary

Order: S445945A
Date Received: 07/02/2004

Client: Golder Associates, Inc.
Project: Anniston PCB/Residential Borrow Source

| Client Sample ID | Lab Sample ID | Matrix | Date Sampled |
|------------------|---------------|--------|------------------|
| MH-SP-1 | S445945A*1 | Solid | 07/01/2004 13:42 |
| SB-1 | S445945A*2 | Solid | 07/01/2004 14:36 |
| SSP-1 | S445945A*3 | Solid | 07/01/2004 14:56 |

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|-------------|--------|---------------|----------------|------|
| 45945A-1 | MH-SP-1 | Solid | 07/02/04 | 07/01/04 13:42 | |
| 45945A-2 | SB-1 | Solid | 07/02/04 | 07/01/04 14:36 | |
| 45945A-3 | SSP-1 | Solid | 07/02/04 | 07/01/04 14:56 | |

| Parameter | Units | Lab Sample IDs | | |
|-----------|-------|----------------|----------|----------|
| | | 45945A-1 | 45945A-2 | 45945A-3 |

PCB's (8082)

| | | | | |
|---------------------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1221 | ug/kg dw | <77 | <72 | <67 |
| Aroclor-1232 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1242 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1248 | ug/kg dw | <38 | <35 | <33 |
| Aroclor-1254 | ug/kg dw | <38 | <35 | 200P |
| Aroclor-1260 | ug/kg dw | <38 | <35 | 470 |
| Aroclor 1268 | ug/kg dw | <38 | <35 | 210 |
| Surrogate - TCX * | % | 46 % | 72 % | 59 % |
| Surrogate - DCB * | % | 74 % | 56 % | 118 % |
| Percent Solids | | 87 | 93 | 100 |
| Dilution Factor | | 1 | 1 | 1 |
| Prep Date | | 07/06/04 | 07/06/04 | 07/06/04 |
| Analysis Date | | 07/09/04 | 07/09/04 | 07/09/04 |
| Batch ID | | 0706N | 0706N | 0706N |
| Quantitation Factor | | 1.000 | 1.000 | 1.000 |



STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|--|--------|---------------|--------------|------|
| 45945A-4 | Method Blank | Solid | 07/02/04 | | |
| 45945A-5 | Lab Control Standard % Recovery | Solid | 07/02/04 | | |
| 45945A-6 | LCS Accuracy Control Limit (%R) | Solid | 07/02/04 | | |
| 45945A-7 | Analyst Initials (First Initial.Last Name) | Solid | 07/02/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|----------|----------|----------|
| | | 45945A-4 | 45945A-5 | 45945A-6 | 45945A-7 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|----------|----------|----------|
| Aroclor-1016 | ug/kg dw | <33 | 94 % | 24-132 % | J.KELLAR |
| Aroclor-1221 | ug/kg dw | <67 | | | J.KELLAR |
| Aroclor-1232 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1242 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1248 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1254 | ug/kg dw | <33 | | | J.KELLAR |
| Aroclor-1260 | ug/kg dw | <33 | 91 % | 28-153 % | J.KELLAR |
| Aroclor 1268 | ug/kg dw | <33 | | | J.KELLAR |
| Surrogate - TCX * | % | 94 % | 82 % | 30-150 % | J.KELLAR |
| Surrogate - DCB * | % | 94 % | 82 % | 30-150 % | J.KELLAR |
| Dilution Factor | | 1 | 1 | | |
| Prep Date | | 07/06/04 | 07/06/04 | | |
| Analysis Date | | 07/08/04 | 07/08/04 | | |
| Batch ID | | 0706N | 0706N | | |
| Quantitation Factor | | 1.000 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone:(912) 354-7858 Fax:(912) 351-3673

Analytical Data Report

| Lab Sample ID | Description | Matrix | Date Received | Date Sampled | SDG# |
|---------------|------------------------------|--------|---------------|--------------|------|
| 45945A-8 | LCS - 093 Custom | Solid | 07/02/04 | | |
| 45945A-9 | True Value - 093 Custom | Solid | 07/02/04 | | |
| 45945A-10 | % Recovery - 093 Custom | Solid | 07/02/04 | | |
| 45945A-11 | Accuracy Limits - 093 Custom | Solid | 07/02/04 | | |

| Parameter | Units | Lab Sample IDs | | | |
|-----------|-------|----------------|----------|-----------|-----------|
| | | 45945A-8 | 45945A-9 | 45945A-10 | 45945A-11 |

PCB's (8082)

| | | | | | |
|---------------------|----------|----------|-------|----------|----------|
| Aroclor-1248 | ug/kg dw | 1900 | 1500 | 127 % | 44-188 % |
| Aroclor-1254 | ug/kg dw | 3900 | 3000 | 130 % | 45-170 % |
| Aroclor-1260 | ug/kg dw | 3000 | 2000 | 150 % | 51-178 % |
| Aroclor 1268 | ug/kg dw | 1600 | 1500 | 107 % | 52-137 % |
| Surrogate - TCX * | % | 120 | 170 | 70 % | 30-150 % |
| Surrogate - DCB * | % | 190 | 170 | 112 % | 30-150 % |
| Dilution Factor | | 1 | | 1 | |
| Prep Date | | 07/06/04 | | 07/06/04 | |
| Analysis Date | | 07/09/04 | | 07/09/04 | |
| Batch ID | | 0706N | 0706N | 0706N | |
| Quantitation Factor | | 10.00 | | | |



STL

STL Savannah 5102 LaRoche Avenue - Savannah GA 31404 Telephone: (912) 354-7858 Fax: (912) 351-3673

Order Number: S445945A

These test results meet all the requirements of NELAC. All questions regarding this test report should be directed to the STL Project Manager who signed this test report.

SW-846, Test Methods for Evaluating Solid Waste, Third Edition, September 1986, and Updates I, II, IIA, IIB, and III.

P = Identification of target analytes using GC methodology is based on retention time. Although two dissimilar GC columns confirmed the presence of the target analyte in the sample, relative percent difference is >40 %. Thus, viewer discretion should be employed during data review and interpretation of results for this target compound.

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD



STL Savannah
5102 LaRoche Avenue
Savannah, GA 31404

Website: www.stl-inc.com
Phone: (912) 354-7858
Fax: (912) 352-0165

Alternate Laboratory Name/Location

Phone:
Fax:

| PROJECT REFERENCE <i>Residential Sampling</i> | | PROJECT NO. | PROJECT LOCATION (STATE) <i>AL</i> | MATRIX TYPE | REQUIRED ANALYSIS | | | | | | | | | | PAGE <i>1</i> | OF <i>1</i> | | | | | | | | | |
|--|-------------|--|---------------------------------------|--|-------------------------------------|--------------------|-------------|------------------------------|--|------|------|------------------------------|--|------|------------------|----------------|--|--|--|--|--|--|-----------------|---|----------------------------|
| STL (LAB) PROJECT MANAGER <i>L. Galizia</i> | | P.O. NUMBER | CONTRACT NO. <i>40</i> | COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) SOLID OR SEMISOLID AIR NONAQUEOUS LIQUID (OIL - SOLVENT, ...) | <i>PCB 8062</i> | <i>125ml amber</i> | <i>40</i> | <i>PRESERVATIVE</i> | | | | | | | | | | | | | | | | STANDARD REPORT DELIVERY <input checked="" type="checkbox"/> | DATE DUE <i>7/16/04</i> |
| CLIENT (SITE) PM <i>C. Blanchfield</i> | | CLIENT PHONE | CLIENT FAX | | | | | | | | | | | | | | | | | | | | | EXPEDITED REPORT DELIVERY (SURCHARGE) <input type="checkbox"/> | DATE DUE |
| CLIENT NAME <i>Solutia/Monsanto</i> | | CLIENT E-MAIL | | | | | | | | | | | | | | | | | | | | | | NUMBER OF COOLERS SUBMITTED PER SHIPMENT: <i>1</i> | |
| CLIENT ADDRESS | | COMPANY CONTRACTING THIS WORK (if applicable) <i>Genesis Project/Golder</i> | | | | | | | | | | | | | | | | | | | | | | REMARKS | |
| DATE | TIME | SAMPLE IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | |
| <i>7/1/04</i> | <i>1342</i> | <i>MH-SP-1</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | <i>Level II</i> | | |
| <i>7/1/04</i> | <i>1436</i> | <i>SB-1</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | <i>Level II</i> | | |
| <i>7/1/04</i> | <i>1456</i> | <i>SSP-1</i> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | <i>Level II</i> | | |
| RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | RELINQUISHED BY: (SIGNATURE) | | DATE | TIME | | | | | | | | | | |
| <i>[Signature]</i> | | | | <i>[Signature]</i> | | <i>7/1/04</i> | <i>1600</i> | <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | | | | | | | | | | |
| RECEIVED BY: (SIGNATURE) | | DATE | TIME | RECEIVED BY: (SIGNATURE) | | DATE | TIME | RECEIVED BY: (SIGNATURE) | | DATE | TIME | RECEIVED BY: (SIGNATURE) | | DATE | TIME | | | | | | | | | | |
| <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | <i>[Signature]</i> | | | | | | | | | | | | | |

| LABORATORY USE ONLY | | | | | | |
|---|-----------------------|---------------------|---|------------------|--|--------------------|
| RECEIVED FOR LABORATORY BY: (SIGNATURE) <i>[Signature]</i> | DATE <i>7/1/04</i> | TIME <i>8:46</i> | CUSTODY INTACT YES <input type="checkbox"/> NO <input type="checkbox"/> | CUSTODY SEAL NO. | STL-SAVANNAH LOG NO. <i>5445945</i> | LABORATORY REMARKS |

APPENDIX N

IMPORTED BALLAST DOCUMENTATION



TAYLOR CORPORATION

2255 Hwy. 78 East

P.O. Box 3424

OXFORD, ALABAMA 36203

Phone (256) 835-1800

Fax (256) 835-1803

Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

Please find the attached copy for certification for Ballast Rock # 4 and a note from Pat at Vulcan Construction Materials, L.P., stating that "All rip-rap rock is visually inspected." They can not do an actual graduation. "All state jobs will need a State inspector to go to the plant and visually inspect product before shipment".

Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.



Product Basic Gradation Statistical Summary Report

Plant: 122 Ohatchee
 Product 400 #4 ASTM
 Specification #4 ASTM

| Sieve/Test | Tests | Average | St Dev | Target | Specification |
|---------------|-------|---------|--------|--------|---------------|
| 2" (50) | 9 | 100.0 | 0.0 | - | 100 - 100 |
| 1 1/2" (37.5) | 9 | 96.7 | 1.9 | - | 90 - 100 |
| 1" (25) | 9 | 46.5 | 3.6 | - | 20 - 55 |
| 3/4" (19) | 9 | 9.1 | 1.2 | - | 0 - 15 |
| 3/8" (9.5) | 9 | 2.2 | 0.6 | - | 0 - 5 |
| PAN (0) | 9 | 0.00 | 0.00 | - | - |

ALL Rip - Rap rock is visually inspected. We CAN NOT do an actual gradation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

PAT BROWN - cell - (205) 296-6262
off.

P.S. Let me know if there is anything else you need.

APPENDIX O

IMPORTED DGA DOCUMENTATION

VULCAN MATERIALS COMPANY

FAX SHEET

TO: Taylor Corp

FAX NUMBER: 835-1803

FROM: Vulcan Materials Chatbee

TELEPHONE NUMBER: (256) 892-3192

FAX NUMBER: (256) 892-3543

MESSAGE: Dense Grade Base Type B sent to Taylor Corp. meets state requirements. (MONSARA Job)

Plant Supervisor
Casey Black
Casey Black

Quality Control Tech.
Josh Blahans
Josh Blahans

TOTAL PAGES INCLUDING FAX SHEET: 1

APPENDIX P

**IMPORTED RIP RAP AND
SURGE STONE DOCUMENTATION**



TAYLOR CORPORATION

2255 Hwy. 78 East
P.O. Box 3424
OXFORD, ALABAMA 36203
Phone (256) 835-1800
Fax (256) 835-1803

Member: The Associated General Contractors
Of America

11TH STREET DITCH REMEDIATION PROJECT # RM-828706C

SUBMITTAL REQUEST INFORMATION

Specification Section # 02225

Rip-Rap and Ballast Certification and Gradation

August 2, 2004

Attention: Donn Williams

Please find the attached copy for certification for Ballast Rock # 4 and a note from Pat at Vulcan Construction Materials, L.P., stating that "All rip-rap rock is visually inspected." They can not do an actual graduation. "All state jobs will need a State inspector to go to the plant and visually inspect product before shipment".

Ballast specs will be forwarded to Norfolk Southern Railroad and final approval is pending based on Norfolk Southern's response.

Rip rap approval is pending based on construction manager's visual observation and approval.



Product Basic Gradation Statistical Summary Report

Plant: 122 Ohatchee
 Product 400 #4 ASTM
 Specification #4 ASTM

| Sieve/Test | Tests | Average | St Dev | Target | Specification |
|---------------|-------|---------|--------|--------|---------------|
| 2" (50) | 9 | 100.0 | 0.0 | - | 100 - 100 |
| 1 1/2" (37.5) | 9 | 96.7 | 1.9 | - | 90 - 100 |
| 1" (25) | 9 | 46.5 | 3.6 | - | 20 - 55 |
| 3/4" (19) | 9 | 9.1 | 1.2 | - | 0 - 15 |
| 3/8" (9.5) | 9 | 2.2 | 0.6 | - | 0 - 5 |
| PAN (0) | 9 | 0.00 | 0.00 | - | - |

ALL Rip-Rap rock is visually inspected. We CAN NOT do an actual gradation. ALL state jobs will need a state Inspector to go to plant and visually inspect product before shipment.

PAT BROWN - cell - (205) 296-6262
off.

P.S. Let me know if there is anything else you need.

APPENDIX Q
DITCH SUBGRADE
FIELD DENSITY TEST RESULTS



Geotechnical / Geological / Environmental / Materials Consultants

- Birmingham, AL
- Oxford, AL
- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia Rep. Fred Dempsey
 Project # 040XTAL0502Q Weather/Temperature Clear 90° Date 8-17-04
 Client TAYLOR CONST. Contractor ^{FP}~~TAYLOR~~ ENTACT

The technician arrived onsite, as requested by Don Williams
 of Solutia on Tues. 8-17-04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager *CD*

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



Birmingham, AL
 Oxford, AL
 Cullman, AL
 Marietta, GA
 Pensacola, FL

Page 1 of 1 Density Reports
 Additional Reports Included:
 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia Contractor ENTACT Project Number C40XTA9 C502Q
 Date 8-17-04 Weather/Temperature Clear 90° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------------|------|------|-------------|
| 1 | 1 | 110.0 | 15.2 | 100% | 95% | 4 th | | ✓ | QUADRANT #4 |
| | | | | | | | | | C-1-4-4 |
| 2 | 1 | 108.0 | 15.6 | 100% | 95% | 5 th | | ✓ | QUADRANT #2 |
| | | | | | | | | | C-1-5-2 |
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|---|
| Compaction Equipment Used: Vibratory <input checked="" type="checkbox"/> Non-Vibratory <input type="checkbox"/> Smooth Steel Drum <input type="checkbox"/> Sheepfoot <input checked="" type="checkbox"/> Brickfoot <input type="checkbox"/> Rubber-Tired <input type="checkbox"/> Vibratory Plate <input type="checkbox"/> Jumping Jack <input type="checkbox"/> Other: |
| Elevations are Approximate and Estimated By: Tech <input type="checkbox"/> Client <input type="checkbox"/> GC <input type="checkbox"/> Grading Contractor <input checked="" type="checkbox"/> Other: |
| Reference: Grade Stake <input checked="" type="checkbox"/> Existing Grade <input type="checkbox"/> Estimate from Landmark: |
| Locations are Approximate and Estimated By: Tech <input type="checkbox"/> Client <input type="checkbox"/> GC <input type="checkbox"/> Grading Contractor <input checked="" type="checkbox"/> Other: |
| Reference: Survey Stake <input checked="" type="checkbox"/> Site Drawings <input type="checkbox"/> Estimate from Landmark: |

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-------------|--------|
| 1 | 107 | 15.6 | STD | | |
| | | | | | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

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- Oxford, AL
- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project MONSANTO 11TH STREET RESPONSE ACTION Rep. K. COBB

Project # 040X TAY 05029 Weather/Temperature M. Sunny Hi 92° Date 8-19-04

Client TAYLOR CORPORATION Contractor Taylor Corporation

The technician arrived onsite, as requested by MR. DON ELLER

of _____ on 8-19-04 (11:00AM) to observe fill

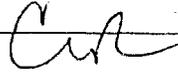
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and

moisture content of soil. Test results indicated that the materials tested met or exceeded the project

requirements of 95 % of the maximum dry density and also met moisture requirements at the locations

and elevations tested. The maximum dry density was obtained in our laboratory by using the

D 6 98 STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____ 

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager _____

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



REPORT OF FIELD DENSITY TESTS

Project MONSANTO 11TH STREET RESPONSE ACTION Contractor Taylor Corporation Project Number 040174405029
 Date 8-19-04 Weather/Temperature M. Sunny Hi 92° Technician K. COBB

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1 | 1 | 110.6 | 13.73 | 100 | 95 | 54B GRADE | | ✓ | STATION # 6+03 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with FAX TO TAYLOR
 of (company) CORPORATION
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1 | 107.0 | 14.5 | STD | DARK SAND & RED CLAY MIX | |
| 2 | 81.0 | 18.5 | STD | DARK BLACK SAND | |
| | | | | | |
| | | | | | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

Birmingham, AL

Oxford, AL

Cullman, AL

Marietta, GA

Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLUTIA - CANAL Rep. Fred Dempsey
Project # 040XTAY0502Q Weather/Temperature Cloudy 85° Date 8-23-04
Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by DON ELLER
of SOLUTIA on MON. 8-23-04 to observe fill
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
moisture content of soil. Test results indicated that the materials tested met or exceeded the project
requirements of 81 % of the maximum dry density and also met moisture requirements at the locations
and elevations tested. The maximum dry density was obtained in our laboratory by using the
STD. Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CEL

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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 Oxford, AL
 Cullman, AL
 Marietta, GA
 Pensacola, FL

Page / of / Density Reports
Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA - CANAL Contractor TAYLOR Project Number 040XTH405720
Date 8.23.04 Weather/Temperature Cloudy 85° Technician FRED DEMPSEY

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|--------------|
| 1- | 2 | 79.0 | 20.4 | 98% | 95% | SIG | | 1 | C-Ditch 4+00 |
| 2- | 1 | 80.0 | 20.8 | 99% | 1 | 1 | | 1 | 1 |
| | | | | | | | | | |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1- | 107.0 | 14.5 | STD | DR. BR. SANDY SILTY CLAY | |
| 2- | 81.0 | 18.5 | 1 | Black Silty | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

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- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLUTIA - RETENTION - CANAL Rep. FRED DEMPSEY
 Project # 040XTAY0502Q Weather/Temperature CLOUDY 88 Date 8.25.04
 Client TAYLOR CORP. Contractor TAYLOR-ENTACT

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on Wed. 8.25.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager *CDL*

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



Birmingham, AL Oxford, AL Cullman, AL
 Marietta, GA Pensacola, FL

Page 1 of 1 Density Reports
 Additional Reports Included:
 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia - ~~Retention~~ Retention - Canal Contractor Taylor - Entact Project Number CAOX1405029
 Date 8-25-04 Weather/Temperature Cloudy 88° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|--------------------|---------|--------------|------------|-----------------|------|------|------------------|
| 1- | 1 | 103.4 | 17.0% | 96.6% | 95% | 6 th | | ✓ | C-1-6-4 QUADRANT |
| 2- | 1 | 103.0 | 14.0% | 96% | | 7 th | | ✓ | C-1-7-2 QUADRANT |
| 3- | 3 | 80.5 | 16.0% | 99% | | 5/6 | | ✓ | C-1-1+50 CANAL |
| 4- | 1 | 101.3 | 9.2% | 95% | | 1 | | | C-1-0+95 |
| 5- | 3 | 91.3 ^{FD} | 14% | 100% | | 1 | | | C-1-2+70 |
| | | | | | | | | | |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-----------------------------|--------|
| 1- | 107.6 | 15.6 | STD | DR. BR. / BLACK SANDY SILT. | |
| 2- | 107.0 | 14.5 | 1 | DRK BR. SANDY SILT & CL | |
| 3- | 81.0 | 18.5 | | BLACK SAND | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

- Birmingham, AL
- Oxford, AL
- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project SOLITIA - CANAL Rep. Fred Dempsey
 Project # 040XTAY 05 020 Weather/Temperature P/C 90° Date 8.27.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on FRI. 8.27.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager AK

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia - Canal Contractor Taylor Project Number 040XTR905012
 Date 8.27.09 Weather/Temperature PIC 90° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1 | 2 | 80.5 | 20% | 99% | 95% | 51G | | ✓ | C-3 7+88 Ditch |
| 2 | 1 | 89 | 21% | 100% | 95 | 51G | | ✓ | C-3 7+50 " |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-------------------|--------|
| 1 | 107.0 | 14.5 | STD | Dr. Br. S/S & CL. | |
| 2 | 81.0 | 18.5 | 1 | BLACK SAND | |
| 3 | | | | | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project SOLUTIA - CANAL Rep. Fred Dempsey
 Project # 040XTAY0502Q Weather/Temperature PIC 85° Date 8.31.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on TUES. 8.31.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia - CANAL Contractor TAYLOR Project Number 040XTA405020
 Date 8.31.04 Weather/Temperature PIC 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1- | 1- | 103.0 | 14.0 | 96.3 | 95 | 5/8 | | 1 | D-2 Ditch 0+90 |
| 2- | 1 | 105 | 12.5 | 98.1 | 95 | 1 | | 1 | D-2 Ditch 1+85 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____

Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____

Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|-----------------------|--------|
| 1- | 107.0 | 14.5 | STD | Dr. BR. sudy silty CL | |
| 2- | 97.0 | 18.5 | | Bl. sand | |
| | | | | | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040XTAY 0502Q Weather/Temperature Clear 85 Date 9.9.09
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on THURS. 9.9.09 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CM

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
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Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project SOLUTIA (CANAL) Contractor TAYLOR Project Number 040XTAY0707-2
Date 9.9.04 Weather/Temperature CLEAR 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1 | 1 | 110.0 | 14.5 | 100 | 95 | 5/6 | | ✓ | Ditch-B- 8+90 |
| 2 | 1 | 101.5 | 14.0 | 95 | 1 | 1 | | ✓ | 8+50 |
| 3 | 1 | 101.4 | 13 | 95 | 1 | 1 | | ✓ | 7+60 |
| 4 | 1 | 102 | 15 | 95 | 1 | 1 | | ✓ | 6+85 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------|--------|
| 1 | 107 | 14.5 | STD | DK. BR. SIS & CLOY | |
| 2 | 81 | 18.5 | 1 | BLACK SANDS | |
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Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project SOLUTION (CANAL) Rep. Fred Dempsey
 Project # 040XTAY0502Q Weather/Temperature Clear 85° Date 9.11.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on SAT. 9.11.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager Cur

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTAY08020
 Date 9.11.04 Weather/Temperature Clear 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------|
| 1- | 2 | 91 | 20 | 100 | 95 | 510 | | ✓ | B-Ditch - 5+15 |
| 2- | 1 | 94 | 17 | 100 | 1 | 510 | | ✓ | B-Ditch - 4+50 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------|--------|
| 1- | 107 | 14.5 | STD | DR. BR. S/S & CL | |
| 2 | 81 | 18.5 | 1 | BLACK SAND | |
| | | | | | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project SOLUTION (CANAL) (RETENTION) G.A.I. Rep. Fred Dempsey
Project # 040X1470502R Weather/Temperature Cloudy / 74° Date 9.13.04
Client TAYLOR Contractor TAYLOR / ENTRACT

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY CHRIS OF TAYLOR CONSTRUCTION.

GAI REP TESTED CONCRETE & MADE 1 SET OF 3 CYL.

GAI REP. ALSO SPOKE WITH TRACY OF ENTRACT, HE REQUESTED NEW SOIL SAMPLE PICKED UP FOR NEW PD.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

Handwritten signature

In the above space, make comments on the following:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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PROJECT OBSERVATION REPORT

Project Solutia - CANAL - Retention Rep. Fred Dempsey

Project # 040XTAY0502R Weather/Temperature Clear - 75° Date 9.20.04

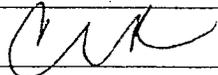
Client TAYLOR Contractor Taylor - ENTACT

The technician arrived onsite, as requested by Chris / Tracy
of Taylor / ENTACT on Mon. 9.20.04 to observe fill
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
moisture content of soil. Test results indicated that the materials tested met or exceeded the project
requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

Retention area had 2 quadrants to fail, Tracy of
ENTACT scarified material & allowed material to
dry & re rolled.

Gallet Rep. Return this afternoon & retested,
quadrants #3 & #4 passed as indicated in density report.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager 

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling

REPORT OF FIELD DENSITY TESTS

Project Solution - Canal - Retention Contractor Taylor / Entact Project Number 040XTAY00
Date 9-20-04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|------------------------|---------|-------------|---------|--------------|------------|-----------------|------|------|---------------------|
| Am 1- | 2 | 103.0 | 16.4 | 96 | 95% | 516 | | | B. Ditch - 20+00 |
| 2- | | 104.0 | 16.0 | 97 | | | | | - 19+75 |
| 3- | | 105.0 | 14.0 | 98 | | | | | - 18+5 |
| 4- | | 105.0 | 13.5 | 98 | | | | | - 17+50 |
| 5- | | 105.3 | 16.4 | 98 | | | | | - 15+80 |
| 6- | | 103.0 | 13.0 | 96 | | | | | - 15+50 |
| dot the st 7- | 1 | 98.0 | 24.0 | 92 | | 8 th | ✓ | | C-1-8-4 - Retention |
| 8- | | 99.0 | 23.0 | 93 | | 9 th | ✓ | | C-1-9-3 - |
| 10 th 9- | | 104.0 | 16.0 | 97 | | 9 th | | ✓ | C-1-9-1 - |

Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1- | 102.0 | 15.6 | STD | DK BR Black sandy silt | |
| 2- | 107.0 | 14.5 | | DK BR sandy silt w/CL | |
| 3- | 81.0 | 18.5 | | BLACK SAND | |
| 4- | 109.4 | 10.2 | | DK BR sand | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040XTAY 05020 Weather/Temperature Clear 79° Date 9.21.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on Tues. 9.21.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

GALLET Rep. spoke with CHRIS OF TAYLOR CONST.,
He requested compaction test along north slopes
of canal, locations indicated in density report.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CMR

In the above space, make comments on the following if pertinent:
 a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTAY0500
Date 9.21.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 2 | 102.5 | 14.7 | 96% | 95% | 5/6 | | | B-Ditch - 16+55 |
| 2- | | 102.0 | 14.8 | 95% | | | | | - 16+05 |
| 3- | | 102.0 | 15.5 | 95% | | | | | - 15+55 |
| 4 | | 105.0 | 15.0 | 98% | | | | | - 15+10 |
| 5- | | 104.0 | 15.2 | 97% | | | | | - 14+14 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rack |
|---------|-----------------|------------------|--------|-------------------------|--------|
| 1 | 107.0 | 15.6 | STD | DK. BR. BL. ONLY SILT | |
| 2 | 107.0 | 14.5 | | DK. BR. silty silt w/CL | |
| 3 | 81.0 | 28.5 | | BL. SAND | |
| 4 | 108.4 | 10.2 | | DK. BR. SAND | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: [Signature]



PROJECT OBSERVATION REPORT

Project SOLUTIA (CANAL) G.A.I. Rep. FRED DEMPSEY
Project # 040XTAY05020 Weather/Temperature Clear 88° Date 9-24-04
Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY CHRIS OF TAYLOR CONST., CHRIS REQUESTED TESTING OF CONCRETE. HE WANTED SLUMP - 2.5" & TEMP. 88°.

GALLET REP. HAS BEEN REQUESTED TO RETURN TOMORROW 9-25-04, SATURDAY FOR DENSITY TEST.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: [Signature]

In the above space, make comments on the following:
a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) (RETENTION) Contractor TAYLOR Project Number 040XTAY05020
 Date 9.25.04 Weather/Temperature Clear 85° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|----------------------------|
| 1 | 5 | 125.5 | 12.0 | 100% | 95% | 1st | | ✓ | C-UTILITY DITCH STA. 12+95 |
| 2 | | 124.0 | 13.0 | 100% | 95% | CAP | | ✓ | PHASE #1 N/W CORNER |
| 3 | | 118.0 | 13.6 | 99% | 95% | CAP | | ✓ | " " S/E CORNER |
| 4 | | 116.0 | 13.0 | 97.3% | 95% | 2nd | | ✓ | C-UTILITY DITCH STA 15+10 |
| | | | | | | | | | |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|---------------------------|--------|
| 1- | 107 | 15.6 | STD | DK. BR. BLACK SANDY SILT | |
| 2- | 107 | 14.5 | | DK. BR. SANDY SILT W/CL | |
| 3- | 108.4 | 10.2 | | BLACK SAND | |
| 4- | 81 | 18.5 | | DK. BR. SAND | |
| 5- | 119.2 | 12.5 | | Redish BR. SAND & SUT CLY | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: [Signature]



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PROJECT OBSERVATION REPORT

Project Solutia Canal Rep. Fred Dempsey
 Project # 040XTAy 165702Q Weather/Temperature Clear 85° Date 9.25.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on Fri. 9.25.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



PROJECT OBSERVATION REPORT

Project SOLUTia (CANAL) G.A.I. Rep. Fred Dempsey
Project # 045KTAYDS02 Weather/Temperature Clear 80 Date 10.4.04
Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS SCHEDULED.

GALLET REP. SPOKE WITH CHRIS OF TAYLOR CORP., CHRIS REQUESTED CONCRETE TESTING & DENSITY TESTING, RESULTS & LOCATIONS INDICATED ON ATTACHED DOCUMENTS.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

Handwritten signature

In the above space, make comments on the following:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR CORP. Project Number 040XTAY 05020
Date 10.4.04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|------------|
| 1. | 3 | 82.0 | 20.0 | 100 | 95% | SIG | | | D-4 - 1+10 |
| 2. | 2 | 107.0 | 14.4 | 97 | 1 | 1 | | | D4 - 0+36 |
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Compaction Equipment Used:
Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1. | 107.0 | 15.6 | STD | DR. BR. S/S CL w/stone | |
| 2. | 107.0 | 14.5 | | DR. BR. S/S CL | |
| 3. | 81.0 | 18.5 | | BLACK SAND | |
| 4. | 108.4 | 10.2 | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
Project # 040XTR105-02Q Weather/Temperature Clear 80° Date 10.6.04
Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
of TAYLOR CORP. on Weds. 10-6-04 to observe fill
placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
moisture content of soil. Test results indicated that the materials tested met or exceeded the project
requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager Cur

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR CORP. Project Number 040XTAU05020
Date 10.6.04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 1 | 106 | 17% | 99% | 95% | 5/6 | | ✓ | STA. 8+25 - C-3 |
| 2- | 1 | 105 | 18% | 98% | 1 | 1 | | ✓ | " 8+75 - C-3 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|--------------|------------------|------------------|--------|-------------------------------|--------|
| 1 | 107.0 | 15.6 | | Dr. BR. S/S CL W/STONE | |
| 2 | 102.0 | 14.5 | | " " " " | |
| 3 | 81.0 | 18.5 | | BLACK SAND | |
| 4 | 100.0 | 16.5 | | | |
| 4 | 119.2 | 12.5 | | Redish BR. CONCRETE FINE S/CL | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project Solutia (Caval) Rep. Fred Dempsey
 Project # 040XTM0502A Weather/Temperature Cloudy 80° Date 10.7.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on Thurs. 10.7.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95% % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTA405022
 Date 10.7.04 Weather/Temperature CLdy 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------|
| 1- | 2 | 107.5 | 17.0 | 100% | 95% | 516 | | | C-5 10+60 |
| 2- | 1 | 108.0 | 16.0 | 100% | 1 | 1 | | | C-5 10+90 |
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Compaction Equipment Used:
 Vibratory
 Non-Vibratory
 Smooth Steel Drum
 Sheepsfoot
 Brickfoot
 Rubber-Tired
 Vibratory Plate
 Jumping Jack
 Other: _____
 Elevations are Approximate and Estimated By:
 Tech
 Client
 GC
 Grading Contractor
 Other: _____
 Reference:
 Grade Stake
 Existing Grade
 Estimate from Landmark: _____
 Locations are Approximate and Estimated By:
 Tech
 Client
 GC
 Grading Contractor
 Other: _____
 Reference:
 Survey Stake
 Site Drawings
 Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|---------------------------|--------|
| 1- | 107.0 | 15.6 | STD | DE. BR. S/S W/CL. W/STAND | |
| 2- | 107.0 | 14.5 | | DE. BR. S/S CL. | |
| 3- | 81.0 | 18.5 | | BLACK SAND | |
| 4- | 108.4 | 10.2 | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. FRED Dempsey
 Project # 040XTAY05DLQ Weather/Temperature Cloudy 70° Date 10.9.04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on SAT. 10.9.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95% of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
STANDARD Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040XTAY05020 Weather/Temperature PK 70° Date 10.18.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by Chris
 of Taylor on Nov. 10.18.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 0405TA 405020
 Date 10.18.04 Weather/Temperature Cloudy 70° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1- | 1 | 102.0 | 17 | 95% | 95% | 510 | | | 22+60 F-Ditch |
| 2- | 1 | 102.6 | 16.8 | 96% | 1 | 1 | | | 23+05 F-Ditch |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1 | 102.0 | 15.6 | STD | DK Br. silty silt | |
| 2 | 102.0 | 14.5 | | DK br. sandy silt w/CL | |
| 3 | 81.0 | 18.5 | | Black sand | |
| 4 | 108.4 | 10.2 | | DK Br. sand | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



PROJECT OBSERVATION REPORT

Project Solutia (Retention) G.A.I. Rep. Fred Dempsey
Project # 040XTANOS 020 Weather/Temperature Cloudy - 75° Date 10.20.04
Client TAYLOR - Contractor ENTACT

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED ON JOB SITE AS REQUESTED BY TRACY OF ENTACT. TRACY REQUESTED MOISTURE CONTENT IN FILL AREA. GAI REP. REPORTED TO TRACY MOISTURE CONTENT OF 14% - OPTIMUM IS 14.5% - PHASE #3 LOCATION - TRACY REQUEST OUR RETURN TOMORROW 10.21.04 TO MAKE COMPACTION TEST.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: [Signature]

In the above space, make comments on the following:
a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



PROJECT OBSERVATION REPORT

Project Solitica (CANAL) G.A.I. Rep. Fred Dempsey
Project # DUXTAYOSOLD Weather/Temperature Cloudy 75° Date 10-20-04
Client TAYLOR Contractor TAYLOR

GALLET AND ASSOCIATES representative arrived on job site as requested by CHRIS of TAYLOR CORP. CHRIS requested testing of concrete & 3 cyl. concrete plant broke down & was not able to provide concrete, CHRIS REQUEST OUR RETURN TOMORROW, 10/21/04.

The above was communicated to:

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager: [Signature]

In the above space, make comments on the following:
a. Observations/Tests performed with locations b. Conversations with client or contractor c. Any problems/Failures d. Scheduling



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PROJECT OBSERVATION REPORT

Project Solutia (Retention) Rep. Fred Dempsey
 Project # 040XTA10502Q Weather/Temperature Cloudy 80° Date 10.22.04
 Client Taylor Contractor ENTACT - (Taylor)

The technician arrived onsite, as requested by Tracy
 of ENTACT on Thurs. 10.21.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____
 This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

- In the above space, make comments on the following if pertinent:
- a. Observations/Tests performed with locations
 - b. Conversations with client or contractor
 - c. Any problems/Failures
 - d. Scheduling



REPORT OF FIELD DENSITY TESTS

Project Solutia (Retention) Contractor ENTACT - (TAYLOR) Project Number 040X TAYLOR 020
 Date 10.22.04 Weather/Temperature Cloudy 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------------|------|------|--------------|
| 1- | 1 | 102.0 | 17.0 | 95% | 95% | 1 st | | ✓ | C-3-1-2 |
| 2- | 1 | 103.0 | 17.5 | 96% | 1 | req. 1' | | ✓ | C-3-req. 1-1 |
| 3- | 1 | 103.4 | 17.6 | 97% | 1 | 1 st | | ✓ | C-3-1-3 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1- | 102.0 | 15.6 | STD | DK. Be. Black silty silt | |
| 2- | 103.0 | 14.5 | 1 | " " silty silt w/CL | |
| 3- | 81. | 18.5 | 1 | Black sand | |
| 4- | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



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PROJECT OBSERVATION REPORT

Project Solutia CANAL Rep. Fred Dempsey
 Project # 040XTAM0502Q Weather/Temperature Clear 80° Date 10.25.04
 Client Taylor Contractor Taylor

The technician arrived onsite, as requested by CHRIS
 of Taylor on Mon. 10.25.04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95% of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager Cur

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor TAYLOR Project Number 040XTM01024
Date 10-25-04 Weather/Temperature Clear 80° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|---------------|
| 1- | 1 | 103.4 | 17.3 | 97% | 95% | 5/6 | | ✓ | 21+25 G-Ditch |
| 2- | 1 | 102.6 | 16.8 | 96% | | | | ✓ | 20+70 " " |
| 3- | 1 | 103.0 | 17.0 | 96% | | | | ✓ | 19+65 " " |
| 4- | 1 | 103.7 | 17.2 | 97% | | | | ✓ | 18+50 " " |
| 5- | 1 | 107.5 | 16.7 | 100% | | | | ✓ | 17+50 " " |
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Compaction Equipment Used:
Vibratory
Non-Vibratory
Smooth Steel Drum
Sheepsfoot
Brickfoot
Rubber-Tired
Vibratory Plate
Jumping Jack
Other: _____
Elevations are Approximate and Estimated By:
Tech
Client
GC
Grading Contractor
Other: _____
Reference:
Grade Stake
Existing Grade
Estimate from Landmark: _____
Locations are Approximate and Estimated By:
Tech
Client
GC
Grading Contractor
Other: _____
Reference:
Survey Stake
Site Drawings
Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|--------------------------|--------|
| 1 | 107.0 | 15.6 | STD | DK. BR. BL. SANDY SILT | |
| 2 | 107.0 | 14.5 | 1 | DK. BR. SANDY SILT W/CL. | |
| 3 | 81.0 | 18.5 | | BLACK SD. | |
| 4 | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



PROJECT OBSERVATION REPORT

Project Solutia (CANAL) G.A.I. Rep. Fred Dempsey
 Project # 040XTA0501G Weather/Temperature Clear 75° Date 10-27-04
 Client Taylor Contractor Taylor

GALLET AND ASSOCIATES REPRESENTATIVE ARRIVED
ON JOB SITE AS REQUESTED BY CHRIS OF TAYLOR
CORP., CHRIS REQUESTED COMPACTION TEST IN CANAL;
RESULTS & LOCATIONS INDICATED IN DENSITY REPORT.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by GAI Engineer/Project Manager:

In the above space, make comments on the following:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



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 Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CANAL) Contractor Taylor Project Number 040XRAY05026

Date 10.27.04 Weather/Temperature Clear 75° Technician Fred Dempsey

Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 1 | 103.5 | 17.0 | 96% | 95% | 5/6 | | | G-Ditch - 13+75 |
| 2- | | 103.0 | 16.0 | 96% | | | | | - 13+50 |
| 3- | | 104.5 | 16.5 | 97% | | | | | - 13+00 |
| 4- | | 103.3 | 16.8 | 96% | | | | | - 12+75 |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepfoot Brickfoot
 Rubber-Tired Vibratory Plate Jumping Jack Other: _____
 Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Grade Stake Existing Grade Estimate from Landmark: _____
 Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
 Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
 of (company) _____
 Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1 | 107 | 15.6 | STD | DK. BR. BL. SANDY SILT | |
| 2 | 107 | 14.5 | | DK. BR. SANDY SET W/CL | |
| 3 | 81 | 18.5 | | BL. sand | |
| 4 | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____



Geotechnical / Geological / Environmental / Materials Consultants

- Birmingham, AL
- Oxford, AL
- Cullman, AL
- Marietta, GA
- Pensacola, FL

PROJECT OBSERVATION REPORT

Project Solutia (CANAL) Rep. Fred Dempsey
 Project # 040X TAY 05020 Weather/Temperature Clear 80° Date 10-29-04
 Client TAYLOR Contractor TAYLOR

The technician arrived onsite, as requested by CHRIS
 of TAYLOR on FRI. 10-30-04 to observe fill
 placement and perform density tests on soil, utilizing a nuclear density gauge to check compaction and
 moisture content of soil. Test results indicated that the materials tested met or exceeded the project
 requirements of 95 % of the maximum dry density and also met moisture requirements at the locations
 and elevations tested. The maximum dry density was obtained in our laboratory by using the
Standard Proctor Method. See attached density report and drawing.

The above was communicated to: _____

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager CR

In the above space, make comments on the following if pertinent:

- a. Observations/Tests performed with locations
- b. Conversations with client or contractor
- c. Any problems/Failures
- d. Scheduling



Birmingham, AL
 Oxford, AL
 Cullman, AL
 Marietta, GA
 Pensacola, FL

Page / of / Density Reports
Additional Reports Included:
Observation Drawings

REPORT OF FIELD DENSITY TESTS

Project Solutia (CASAL) Contractor TAYLOR Project Number 04 OXTA40500
Date 10.30.04 Weather/Temperature CLEAR 80° Technician Fred Dempsey
Test Conducted On: Full Time Basis On Call per Client

| Test No. | Proctor | Dry Density | % Moist | % of Proctor | % Required | Lift/Elev | Fail | Pass | Location |
|----------|---------|-------------|---------|--------------|------------|-----------|------|------|-----------------|
| 1- | 1 | 105.0 | 16 | 98% | 95% | 516 | | | G-Ditch - 10+75 |
| 2- | 1 | 102.0 | 16 | 95% | 1 | 1 | | | " " - 10+00 |
| | | | | | | | | | |
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Compaction Equipment Used: Vibratory Non-Vibratory Smooth Steel Drum Sheepsfoot Brickfoot
Rubber-Tired Vibratory Plate Jumping Jack Other: _____
Elevations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Grade Stake Existing Grade Estimate from Landmark: _____
Locations are Approximate and Estimated By: Tech Client GC Grading Contractor Other: _____
Reference: Survey Stake Site Drawings Estimate from Landmark: _____

A copy of this report was left on site with _____
of (company) _____
Remarks: _____

| Proctor | Maximum Density | Optimum Moisture | Method | Description | % Rock |
|---------|-----------------|------------------|--------|------------------------|--------|
| 1 | 107 | 15.6 | STD | DL BR. BL. sandy silt | |
| 2 | 107 | 14.5 | | DL BR. sandy silt w/CL | |
| 3 | 81 | 18.5 | | BLACK SAND | |
| | | | | | |
| | | | | | |

Client/Contractor shall contact Gallet & Associates if % of Proctor, lift/elev, or location are not included on this report. Part-time testing can result in fill being placed without sufficient testing. Our tests verify compaction levels at the particular test location and only within the eight inches (approximate) of fill below the elevation at the time of testing. These results do not reflect the compaction level of other fill layers.

This is a draft copy and shall not be considered a final copy until signed by Engineer/Project Manager: _____

APPENDIX R

NONWOVEN GEOTEXTILE DOCUMENTATION

02275-1

MIRAFI®**TECHNICAL DATA SHEET****Mirafi® 1120N***12 oz. f. ltr fabric*

Mirafi® 1120N is a nonwoven geotextile composed of polypropylene fibers, which are formed into a stable network such that the fibers retain their relative position. 1120N is inert to biological degradation and resists naturally encountered chemicals, alkalis, and acids.

| Mechanical Properties | Test Method | Unit | Minimum Average Roll Value | |
|------------------------------|-------------|--|----------------------------|------------|
| | | | MD | CD |
| Grab Tensile Strength | ASTM D 4632 | kN (lbs) | 1.34 (300) | 1.34 (300) |
| Grab Tensile Elongation | ASTM D 4632 | % | 50 | 50 |
| Trapezoid Tear Strength | ASTM D 4533 | kN (lbs) | 0.51 (115) | 0.51 (115) |
| Mullen Burst Strength | ASTM D 3786 | kPa (psi) | 4030 (585) | |
| Puncture Strength | ASTM D 4833 | kN (lbs) | 0.78 (175) | |
| Apparent Opening Size (AOS) | ASTM D 4751 | mm (U.S. Sieve) | 0.150 (100) | |
| Permittivity | ASTM D 4491 | sec ⁻¹ | 0.8 | |
| Permeability | ASTM D 4491 | cm/sec | 0.18 | |
| Flow Rate | ASTM D 4491 | l/min/m ² (gal/min/ft ²) | 2648 (65) | |
| UV Resistance (at 500 hours) | ASTM D 4355 | % strength retained | 70 | |

| Physical Properties | Test Method | Unit | Typical Value |
|-------------------------------------|-------------|--|------------------------|
| Weight | ASTM D 5261 | g/m ² (oz/yd ²) | 387 (11.4) |
| Thickness | ASTM D 5199 | mm (mils) | 3.0 (120) |
| Roll Dimensions (width x length) | -- | m (ft) | 4.5 x 91 (15 x 300) |
| Roll Area | -- | m ² (yd ²) | 418 (500) |
| Estimated Roll Weight | -- | kg (lb) | 175 (386) |

DISCLAIMER: Ten Cate Nicolon warrants our products to be free from defects in material and workmanship when delivered to Ten Cate Nicolon's customers and that our products meet our published specifications. Contact your local Ten Cate Nicolon Representative for detailed product specification.

JPSS000357
Revision: 2

Product Description

MIRAFI

Innovative Geotextiles

product

Mirafi® N-Series Nonwoven Polypropylene Geotextiles for Soil Separation, Filtration, and Protection

Mirafi® Construction Products offers a wide range of nonwoven geotextiles for soil separation, filtration and protection. These geotextiles are cost-effective reinforcement elements which improve and enhance modern construction techniques in a variety of civil engineering applications.

PRODUCT DESCRIPTION

Mirafi® N-Series products are nonwoven geotextiles comprised of polypropylene staple fibers. Mirafi® N-Series Nonwoven Polypropylene Geotextiles provide excellent physical and hydraulic properties in addition to high tensile strengths.

FEATURES AND BENEFITS

- **Construction.** Mirafi® N-Series geotextiles easily conform to the ground or trench surface for trouble-free installation.
- **Strength.** Mirafi® N-Series geotextiles withstand severe installation stresses with high puncture and burst resistance.
- **Filtration.** High permeability properties provide high water flow rates while providing excellent filtration properties.
- **Environmental.** Mirafi® N-Series geotextiles are chemically stable in a wide range of aggressive environments.

- **Cost effective.** Mirafi® N-Series geotextiles provide economical solutions to many civil engineering applications including a cost-effective alternative to graded-aggregate filters.

APPLICATIONS

Mirafi® N-Series Nonwovens are used in a wide variety of applications including separation, filtration, and protection applications.

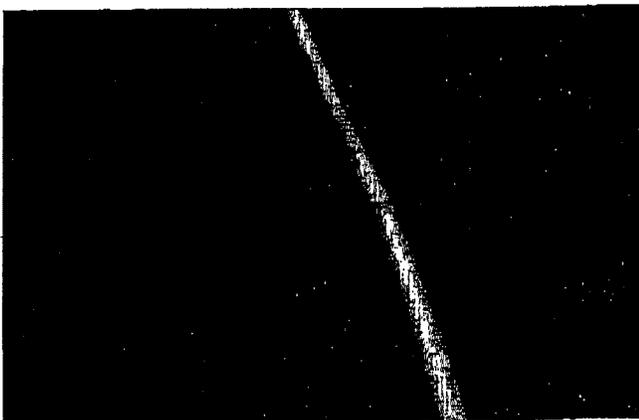
Lightweight nonwovens are predominantly used for subsurface drainage applications along highways, within embankments, under airfields, and athletic fields. For these drainage structures to be effective, they must have a properly designed protective filter. Mirafi® N-Series Nonwoven Geotextiles eliminate the problems of determining the aggregate gradation required to match soil conditions, finding a convenient and economical source of a

specific aggregate gradation, transporting and placing graded aggregate, and assuring that the in-place aggregate gradation provides effective filter performance.

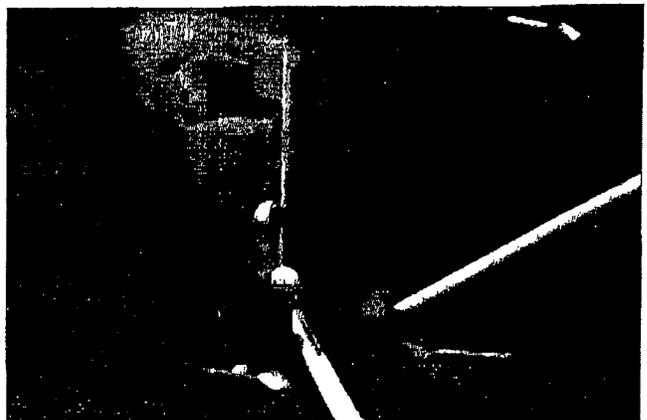
Heavyweight nonwovens are used in critical subsurface drainage systems, soil separation, permanent erosion control, and geomembrane liner protection within landfills. These geotextiles provide the required strength and abrasion resistance to withstand installation and application stresses to create an effective, long-term solution.



Mirafi® N-Series heavyweight nonwoven used as a liner protection in landfill application.



Mirafi® N-Series lightweight nonwoven used as protective filter in subsurface drainage application.



Mirafi® N-Series light weight nonwoven used as protective filter in an athletic field.



Ten Cate Nicolón

INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

General

This document is prepared to help ensure that the geosynthetic soil reinforcement, once installed, will perform its intended design function. To do so, the geosynthetic must be identified, handled, stored, and installed in such a way that its physical property values are not affected and that the design conditions are ultimately met as intended. This document contains information consistent with generally accepted practices of identifying, handling, storing, and installing geosynthetic materials. Failure to follow these guidelines may result in the unnecessary failure of the geosynthetic in a properly designed application.

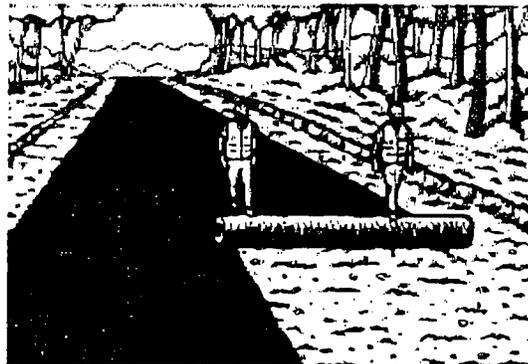
* Material Identification, Storage and Handling

The geotextile shall be rolled on cores having strength sufficient to avoid collapse or other damage from normal use. Each roll shall be wrapped with a plastic covering to protect the geosynthetic from damage during shipping and handling, and shall be identified with a durable gummed label or the equivalent, clearly readable on the outside of the wrapping for the roll. The label shall show the manufacturer's name, the style number, and the roll number. Roll identification corresponding to the proposed location of the roll as shown on the construction drawings and as approved by the Engineer, Owner and Contractor can be provided.

While unloading or transferring the geosynthetic from one location to another, prevent damage to the wrapping, core, label, or to the geosynthetic itself. If the geosynthetic is to be stored for an extended period of time, the geosynthetic shall be located and placed in a manner that ensures the integrity of the wrapping, core, and label as well as the physical properties of geosynthetic. This can be accomplished by elevating the geosynthetic off the ground on dunnage and ensuring that it is adequately covered and protected from ultraviolet radiation including sunlight, chemicals that are strong acids or strong bases, fire or flames including welding sparks, temperatures in excess of 60°C (140°F), and human or animal destruction.

Geosynthetic Placement

All trees and brush should be cleared from the site. Specialized equipment with low ground pressure, as directed by the Engineer, may be required. Depending on the water table location and subgrade strength, the remaining vegetative mat may remain in place to keep near surface soils stabilized, as directed by the Engineer. For stronger





INSTALLATION GUIDELINES FOR GEOSYNTHETICS USED IN SUBGRADE STABILIZATION

Prepared by

MIRAFI[®]
Construction Products

365 South Holland Drive
Pendergrass, GA 30567
Tel: (706) 693-2226
Fax: (706) 693-2083
www.mirafi.com

Technical Data



Innovative Geotextiles

product

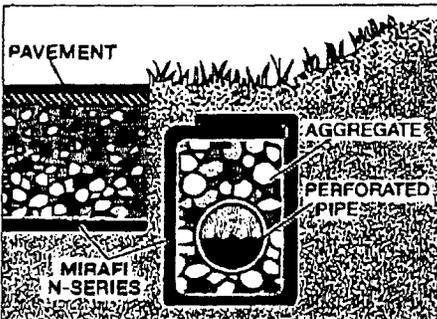
Mirafi® N-Series Nonwoven Polypropylene Geotextiles

for Soil Separation, Filtration, and Protection

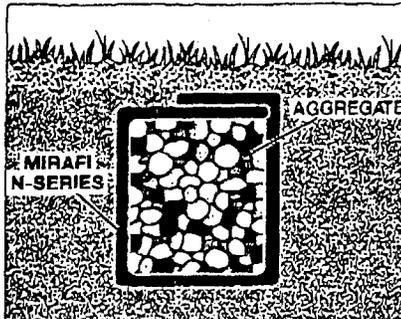
| Property / Test Method | Units | 140NL | 140NC | 140N | 160N | 170N | 180N | 1100N | 1120N | 1160N |
|-------------------------------------|---|------------------------|------------------------|------------------------|------------|------------|------------|------------|------------|------------|
| MECHANICAL PROPERTIES | | | | | | | | | | |
| Grab Tensile Strength | | | | | | | | | | |
| ASTM D 4632 | | | | | | | | | | |
| Strength @ Ultimate | kN (lbs) | 0.40 (90) | 0.45 (100) | 0.53 (120) | 0.71 (160) | 0.80 (180) | 0.9 (205) | 1.11 (250) | 1.34 (300) | 1.69 (380) |
| Elongation @ Ultimate | % | 50 | 60 | 50 | 50 | 50 | 50 | 50 | 50 | 50 |
| Mullen Burst Strength | | | | | | | | | | |
| ASTM D 3786 | kPa (psi) | 1205 (175) | 1447 (210) | 1550 (225) | 2100 (305) | 2273 (330) | 2618 (380) | 3445 (500) | 4030 (585) | 5098 (740) |
| Trapezoidal Tear Strength | | | | | | | | | | |
| ASTM D 4355 | kN (lbs) | 0.18 (40) | 0.20 (45) | 0.22 (50) | 0.27 (60) | 0.33 (75) | 0.36 (80) | 0.45 (100) | 0.51 (115) | 0.62 (140) |
| Puncture Strength | | | | | | | | | | |
| ASTM D 4633 | kN (lbs) | 0.24 (55) | 0.30 (65) | 0.30 (65) | 0.42 (95) | 0.46 (105) | 0.58 (130) | 0.69 (155) | 0.78 (175) | 1.05 (235) |
| UV Resistance after 500 hrs. | | | | | | | | | | |
| ASTM D 4355 | % strength | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 |
| HYDRAULIC PROPERTIES | | | | | | | | | | |
| Apparent Opening Size (AOS) | | | | | | | | | | |
| ASTM D 4751 | US Sieve (mm) | 60 (2.5) | 70 (2.8) | 70 (2.8) | 70 (2.8) | 100 (4.0) | 80 (3.2) | 100 (4.0) | 100 (4.0) | 100 (4.0) |
| Permittivity | | | | | | | | | | |
| ASTM D 4491 | sec ⁻¹ | 2.0 | 1.9 | 1.8 | 1.4 | 1.4 | 1.2 | 1.0 | 0.8 | 0.7 |
| Flow Rate | | | | | | | | | | |
| ASTM D 4491 | l/min/m ² (gal/min/ft ²) | 5907 (145) | 5704 (140) | 5500 (135) | 4477 (110) | 4278 (105) | 3866 (95) | 3056 (75) | 2648 (65) | 2037 (50) |
| Packaging | | | | | | | | | | |
| Roll Width | m(ft) | 3.8 (12.5) | 3.8 (12.5) | 3.8 (12.5) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) | 4.5 (15.0) |
| Roll Length | m(ft) | 110 (360) | 110 (360) | 110 (360) | 91 (300) | 91 (300) | 91 (300) | 91 (300) | 91 (300) | 46 (150) |
| Est. Gross Weight | kg(lbs) | 60 (133) 70 (160) | 60 (133) 83 (182) | 74 (164) 89 (197) | 99 (217) | 110 (242) | 124 (273) | 134 (296) | 175 (386) | 110 (243) |
| Area | m ² (yd ²) | 418 (500) 502 (600) | 418 (500) 502 (600) | 418 (500) 502 (600) | 418 (500) | 418 (500) | 418 (500) | 418 (500) | 418 (500) | 209 (250) |

NOTE: All Mechanical Properties and Hydraulic Properties shown are Minimum Average Roll Values (MARV).

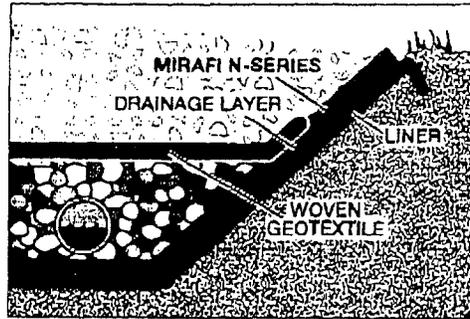
Cut-off/interceptor drain along a roadway or other critical structure



French drain without pipe



Liner protection within a landfill



www.mirafi.com

WARRANTY

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CORPORATE OFFICE

365 South Holland Drive • Pendergrass, GA 30567
(888) 795-0808 • (706) 693-2226 • Fax (706) 693-4400

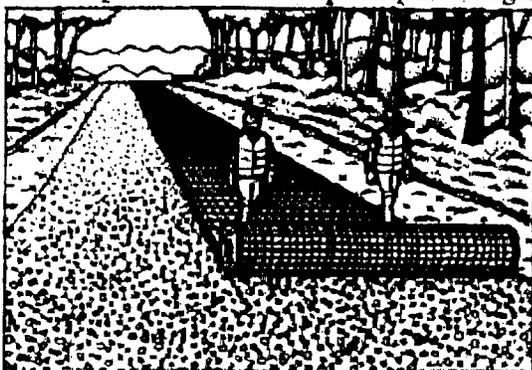


subgrades, the subgrade should be cleared of all vegetation and proof rolled.

Excessively rutting or pumping soils may be excavated and replaced with granular fill. The surface of the subgrade should be smooth and level, and depressions or humps greater than 15 cm (6 in) should be graded out.



The geosynthetic reinforcement shall be placed directly on the prepared subgrade. It should be rolled out flat and tight with no folds. The rolls should be oriented as shown on plans to insure the principal strength direction of the material is placed in the correct orientation. Adjacent rolls should be overlapped as a function of subgrade strength (CBR) as follows: 30 cm (12 in) to 45 cm (18 in) for CBR 3.0 and above; 60 cm (24 in) to 90 cm (36 in) for CBR 1.0 to 3.0; 90 cm (36 in) or more or sewn for CBR values 0.5 to 1.0; and sewn for CBR values less 0.5.



Prior to fill placement, the geosynthetic should be held in place using suitable means such as pins, piles of soil, etc. so that it doesn't move around during fill placement.

Fill Placement

Fill should be placed directly over the geosynthetic in 20 cm (8 in) to 30 cm (12 in) loose lifts. For very weak subgrades, 45 cm (18 in) lifts or thicker lifts, may be required to stabilize the subgrade, as directed by the Engineer.



Most rubber-tired vehicles can be driven at slow speeds, less than 16 km/h (10 mph) and in straight paths over the exposed geosynthetic without causing damage to the geosynthetic. Sudden braking and sharp turning should be avoided. Tracked construction equipment should not be



operated directly upon the geosynthetic. A minimum fill soil thickness of 15cm (6 in) is required prior to operation of tracked vehicles over the geosynthetic. Turning of tracked vehicles should be kept to a minimum to prevent tracks from displacing the fill and damaging the geosynthetic.

Once a stable working platform has been obtained, as determined by the Engineer, fill shall be compacted to 95% of standard Proctor density at a moisture content within ± 3 % of optimum moisture content.

APPENDIX S
GEOCOMPOSITE DOCUMENTATION



GSE STANDARD PRODUCTS

Product Data Sheet

GSE FabriNet HS Geocomposites

GSE FabriNet HS geocomposite consists of GSE HyperNet HS geonet heat-laminated on one or both sides with a GSE nonwoven needlepunched geotextile. GSE HyperNet HS is a 275 mil thick geonet manufactured from a premium grade high density polyethylene resin. For the purpose of lamination to geonets, GSE nonwoven needlepunched geotextiles are available in mass per unit area range of 6 oz/yd² (200 g/m²) to 16 oz/yd² (540 g/m²). GSE FabriNet HS geocomposites are designed and formulated to perform drainage function under a range of anticipated site loads, gradients and boundary conditions. Index properties for the product are provided in the table below. Please contact GSE for further information regarding performance under site-specific conditions.

Product Specifications

| TESTED PROPERTY | TEST METHOD | FREQUENCY | MINIMUM AVERAGE ROLL VALUE ^(d) | | |
|--|-------------------------------|---------------------------|---|--------------------------------|--------------------------------|
| | | | 6 oz/yd ² | 8 oz/yd ² | 10 oz/yd ² |
| Geocomposite | | | | | |
| Product Code: | | | F72060060S | F72080080S | F72100100S |
| Transmissivity ^(a) , gal/min/ft (m ² /sec) | ASTM D 4716-00 | 1/540,000 ft ² | 3.38 (7.0 x 10 ⁻⁴) | 3.38 (7.0 x 10 ⁻⁴) | 3.38 (7.0 x 10 ⁻⁴) |
| Ply Adhesion, lb/in (g/cm) | GRI GC-7 | 1/50,000 ft ² | 1.0 (178) | 1.0 (178) | 1.0 (178) |
| Roll Width, ft (m) | | | 15. 14.5 (4.4) | 14.5 (4.4) | 14.5 (4.4) |
| Roll Length, ft (m) | | | 180 (54) | 170 (51) | 160 (48) |
| Roll Area, ft ² (m ²) | | | 2,610 (242) | 2,465 (229) | 2,320 (215) |
| Geonet core^(b) | | | | | |
| Transmissivity ^(a) , gal/min/ft (m ² /sec) | ASTM D 4716-00 | | 28.98 (6 x 10 ⁻³) | 28.98 (6 x 10 ⁻³) | 28.98 (6 x 10 ⁻³) |
| Thickness, mil (mm) | ASTM D 5199 | 1/50,000 ft ² | 275 (7) | 275 (7) | 275 (7) |
| Density, g/cm ³ | ASTM D 1505 | 1/50,000 ft ² | 0.94 | 0.94 | 0.94 |
| Tensile Strength (MD), lb/in (N/mm) | ASTM D 5035 | 1/50,000 ft ² | 65 (11.5) | 65 (11.5) | 65 (11.5) |
| Carbon Black Content, % | ASTM D 1603 | 1/50,000 ft ² | 2.0 | 2.0 | 2.0 |
| Geotextile (prior to lamination)^{(b),(c)} | | | | | |
| Mass per Unit Area, oz/yd ² (g/m ²) | ASTM D 5261 | 1/90,000 ft ² | 6 (200) | 8 (270) | 10 (335) |
| Grab Tensile, lb (N) | ASTM D 4632 | 1/90,000 ft ² | 170 (755) | 220 (975) | 260 (1,155) |
| Puncture Strength, lb (N) | ASTM D 4833 | 1/90,000 ft ² | 90 (395) | 120 (525) | 165 (725) |
| AOS, US Sieve (mm) | ASTM D 4751 | 1/540,000 ft ² | 70 (0.212) | 80 (0.180) | 100 (0.150) |
| Permittivity, (sec ⁻¹) | ASTM D 4491 | 1/540,000 ft ² | 1.5 | 1.5 | 1.2 |
| Flow Rate, gpm/ft ² (l/min/m ²) | ASTM D 4491 | 1/540,000 ft ² | 110 (4,480) | 110 (4,480) | 85 (3,460) |
| UV Resistance, % Retained | ASTM D 4355 (after 500 hours) | once per formulation | 70 | 70 | 70 |

NOTES:

- ^(a) Gradient of 0.1, normal load of 10,000 psf, water at 70° F (20° C), between stainless steel plates for 15 minutes.
- ^(b) Component properties prior to lamination.
- ^(c) Several geotextiles are available and may be supplied as determined by GSE.
- ^(d) These are MARV values and are based on the cumulative results of specimens tested by GSE. AOS in mm is a maximum average roll value.

DS064 R07/07/03

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| | | | | | |
|---------------------------|------------------------------------|-------------------|--------------|---------------|--------------------|
| Americas | GSE Lining Technology, Inc. | Houston, Texas | 800-435-2008 | 281-443-8564 | Fax: 281-230-8650 |
| Asia/Pacific | GSE Lining Technology Company Ltd. | Bangkok, Thailand | | 66-2-937-0091 | Fax: 66-2-937-0097 |
| Europe/Middle East/Africa | GSE Lining Technology GmbH | Hamburg, Germany | | 49-40-767420 | Fax: 49-40-7674233 |

This product data sheet is also available on our website at:

www.gseworld.com



State of New Jersey

Richard J. Codey
Acting Governor

Department of Environmental Protection
Bureau of Risk Management, Initial Notice and Case Assignment
Underground Storage Tanks Unit
PO BOX 435
401 East State Street
Trenton, NJ 08625-0435

Bradley M. Campbell
Commissioner

Mr. Keith Schwartz
Pfizer Inc.
100 Route 206 North
Peapack, NJ 07977

MAY 05 2005

Re: Pfizer Inc.
100 Route 206 North
Peapack, Somerset County
Closure #N04-3268, UST #000695
Block: 20, Lot: 10

Dear Mr. Schwartz:

On April 26, 2005 the New Jersey Department of Environmental Protection (Department) received a response of the deficiency letter from Roux Associates, Inc. documenting the following steps taken for the closure of the underground storage tank system(s) at the above referenced facility, which is/are regulated under the Underground Storage of Hazardous Substance Act (N.J.S.A. 58:10A-21 et seq) and Implementing Regulations N.J.A.C. 7:14B et seq.

This closure consisted of the abandonment-in-place of three 40000 gallon diesel underground storage tank (UST)s, and all associated piping.

I. Deficiencies/Requirements

Based upon a review of the site investigation completed to date and phone conversation with Mr. Robert W. Fidler, Roux Associates, Inc., the following deficiencies shall be addressed as required below.

A. Site Investigation

- I. The Roux Associates, Inc.'s proposal to conduct supplemental soil sampling activities to evaluate the former USTs is acceptable to the Department

Other

A. Certification Requirements

Effective April 25, 1992, all persons performing tank services must be certified per N.J.S.A. 58:10A-24.1-8. All work related to any tank service shall now be conducted by, or under the immediate on site supervision of an individual certified in the activity being conducted. All documents (tank closure and permit applications, reports, proposals) submitted to the Department shall be prepared and signed by a certified individual.



Shipping Order - Packing List - Original - Not Negotiable

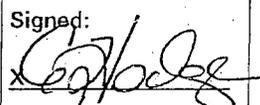
GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43588

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|--|----------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 08/30/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|-------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|-------------------------|

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|----------|---|
| 1 | 131142226 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 962.00 | Freight charges are prepaid unless marked collect. <input type="checkbox"/> Check box if collect. Customer P.O. #: 04007 If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor Local Verification Signed:  Pick Up # 3488KS Seal # Truckers P.O. # |
| 2 | 131142227 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 962.00 | |
| 3 | 131142228 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 962.00 | |
| 4 | 131142231 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 961.00 | |
| 5 | 131142232 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 953.00 | |
| 6 | 131142234 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 941.00 | |
| 7 | 131142236 | 3074 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 1,185.00 | |
| 8 | 131150430 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 941.00 | |
| 9 | 131150431 | 2465 | SF | F72080080S FabriNet w/ 8 oz/yd2 MARV XL7 Fabrinet, 2 Side, 14.5' | 948.00 | |

TRL# 647049

| | |
|------------------------|------------------------|
| Total Quantity: 22,794 | Total Weight: 8,815.00 |
|------------------------|------------------------|

| | |
|--|--|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: <u>TEI</u> CARRIER SIGNATURE: <u>John Thomas</u> DATE: <u>8-30-04</u> |
|--|--|

GSE Roll Allocation

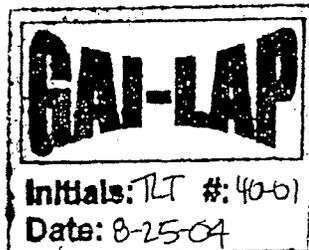
Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| Roll# | Resin Lot | Product Code | Description | Mfg. Date | Length |
|-----------|------------|--------------|-------------|-----------|--------|
| 131142226 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142227 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142228 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142231 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142232 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142234 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 170 |
| 131142236 | CB24012403 | F72080080S | F72080080S | 3/15/2004 | 212 |
| 131150430 | CB24051004 | F72080080S | F72080080S | 6/2/2004 | 170 |
| 131150431 | CB24051004 | F72080080S | F72080080S | 6/2/2004 | 170 |

GSE 8.2.4-020 Rev -- 02/03

Wednesday, August 25, 2004

Page 1 of 1



GSE

Geocomposite Traceability

Customer Taylor Corporation
Location Oxford, AL

Job Name Taylor Corporation
Order 36684

| <i>Roll_No</i> | <i>Product</i> | <i>Resin Lot</i> | <i>Top Geo</i> | <i>Bottom Geo</i> |
|----------------|----------------|------------------|----------------|-------------------|
| 131142226 | F72080080S | CB24012403 | 130162569 | 130159326 |
| 131142227 | F72080080S | CB24012403 | 130162569 | 130159326 |
| 131142228 | F72080080S | CB24012403 | 130162569 | 130159326 |
| 131142231 | F72080080S | CB24012403 | 130159319 | 130159326 |
| 131142232 | F72080080S | CB24012403 | 130159319 | 130159327 |
| 131142234 | F72080080S | CB24012403 | 130159319 | 130159327 |
| 131142236 | F72080080S | CB24012403 | 130159319 | 130159327 |
| 131150430 | F72080080S | CB24051004 | 130162207 | 130162218 |
| 131150431 | F72080080S | CB24051004 | 130162207 | 130162218 |



GSE Nonwoven Technology

Roll Test Data Summary - English Units

Product : NW8

Item Code: FBR0808200

Roll Width: 15.0 feet

Test Date: 12/16/2003

| Roll No. | Mass per Unit Area | Thickness | Grab Strength | | Grab Elongation | | Trap Tear Strength | | Puncture Strength | Mullen Burst Strength | Apparent Opening Size | Permittivity | Permeability |
|-----------|--------------------------------------|-----------------------|-------------------------|-------------------------|-----------------------|-----------------------|-------------------------|-------------------------|----------------------|-----------------------|-----------------------|------------------------|-------------------------|
| | ASTM D 5261 (oz/yd ²) | ASTM D 5199 (mils) | ASTM D 4632 MD (lbs) | ASTM D 4632 CD (lbs) | ASTM D 4632 MD (%) | ASTM D 4632 CD (%) | ASTM D 4533 MD (lbs) | ASTM D 4533 CD (lbs) | ASTM D 4833 (lbs) | ASTM D 3786 (psi) | ASTM D 4751 (mm) | ASTM D 4491 (sec-1) | ASTM D 4491 (cm/sec) |
| 130159319 | 8.2 | 120 | 282 | 284 | 100 | 133 | 135 | 181 | 148 | 512 | 0.180 | 1.9 | 0.6 |
| 130159326 | 8.4 | 120 | 267 | 281 | 102 | 133 | 119 | 150 | 159 | 464 | 0.180 | 1.9 | 0.6 |
| 130159327 | 8.4 | 120 | 267 | 281 | 102 | 133 | 119 | 150 | 159 | 464 | 0.180 | 1.9 | 0.6 |
| 130162207 | 8.7 | 114 | 313 | 285 | 96 | 127 | 124 | 157 | 172 | 516 | 0.180 | 1.8 | 0.5 |
| 130162218 | 8.8 | 103 | 306 | 268 | 94 | 139 | 143 | 164 | 146 | 486 | 0.180 | 1.8 | 0.5 |
| 130162569 | 8.5 | 98 | 254 | 267 | 100 | 133 | 122 | 126 | 141 | 392 | 0.180 | 2.0 | 0.5 |

Equistar Chemicals, LP
 One Houston Center
 1221 McKinney
 Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556

Ship-To Address:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556
 USA

Equistar Material : 504295 PETROTHENE® LR732001
 Batch Number : CB24012403
 Vehicle Number : EQUX620017
 Estimated Quantity : 188,100 LBS

Customer Order No. : 30241
 Customer Number : 42584
 Date Shipped : January 26, 2004
 Equistar Order No. : 849922 000010
 Delivery Item No. : 81060593 000010

| Test Description | Test Result | Unit of Measure | |
|--------------------------|-------------|-----------------|---------|
| Vehicle ID | EQUX620017 | | |
| Vehicle Type | HOPPER CAR | | |
| Melt Index, 2160g @ 190C | 0.32 | g/10 min. | STM 002 |
| Density, Extrudate @ 23C | 0.9531 | g/cc | STM 011 |
| HLMI, 21600g @ 190C | 37.0 | g/10 min. | STM 002 |

Approved by:

Wilbert Carter Jr.

Print Date: February 09, 2004

VLMCCLAY

This information is available 24 hours a day at

www.CustomerXPRESS.com

Questions ? Call Customer Service: 888-777-0232

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Equistar Chemicals, LP
One Houston Center
1221 McKinney
Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556

Ship-To Address:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556
 USA

Equistar Material : 504295 PETROTHENE® LR732001
Batch Number : CB14042803
Vehicle Number : EQUX631913
Estimated Quantity : 196,200 LBS

Customer Order No. : 30241
Customer Number : 42584
Date Shipped : April 30, 2004
Equistar Order No. : 892719 000010
Delivery Item No. : 81115572 000010

| Test Description | Test Result | Unit of Measure |
|--------------------------|-------------|-----------------|
| Vehicle ID | EQUX631913 | |
| Vehicle Type | HOPPER CAR | |
| Melt Index, 2160g @ 190C | 0.33 | g/10 min. |
| Density, Extrudate @ 23C | 0.9530 | g/cc |
| HLM1, 21600g @ 190C | 36.0 | g/10 min. |

Approved by:



Wilbert Carter Jr.

Print Date: May 11, 2004

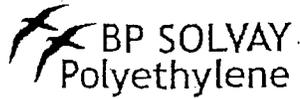
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www.CustomerXPRESS.com

Questions ? Call Customer Service: 888-777-0232

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CERTIFICATE OF ANALYSIS
 Batch: C040503A10

| | | | |
|---|-------------------------------------|---|----------------------------------|
| Information Provided to: GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE, SC 29556 <i>Contact: NORMAN LE GETTE</i> <i>Fax: 843-201-1531</i> | | Shipped To: GSE LINING TECHNOLOGY - KINGSTREE 1245 EASTLAND AVE KINGSTREE SC 29556 USA | |
| Order information on Shipment of: FORTIFLEX ^{RM} B53-35H-011 PE PELLETS | | Sold-To: GSE LINING TECHNOLOGY INC | |
| Customer Purchase Order No.: 30376 | Material Code: 64442 | Dry Short Tons: | Delivery / BOL No.: 80551294 |
| Shipping Date: 05/06/2004 | Shipping Vehicle No.: HCBX001555 | Net Weight: 210,500 LB | Number and Type of Package: 1 |

Comment(s):

| CUSTOMER SPECIFICATION ANALYSIS | | | RESULT | UNIT | MIN | MAX |
|---------------------------------|---------------|--|--------|--------|-----|-----|
| | METHOD | | | | | |
| MI 2,16 (1X) | ASTM D1238-01 | | 0.33 | g/10mn | | |
| DENSITY (NATURAL RESIN) | ASTM D4883-99 | | 0.9538 | g/cm3 | | |



Responsible Care

| | |
|--|--|
| SUPPLIER: BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419 | APPROVED BY: Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740 |
|--|--|

THIS REPORT CANNOT BE COPIED OR REPRODUCED EXCEPT IN FULL WITHOUT THE WRITTEN APPROVAL OF THE BP SOLVAY ANALYTICAL AND QUALITY SERVICES DEPARTMENT. RESULTS APPLY ONLY TO THE ITEMS TESTED. THIS DOCUMENT CONTAINS INFORMATION THAT MAY BE CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. USE OF THIS INFORMATION BY ANYONE ELSE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE NOTIFY US BY PHONE AT 713-307-3740.

Equistar Chemicals, LP
 One Houston Center
 1221 McKinney
 Houston TX 77010

Certificate Of Analysis

Certificate of Analysis Contact:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556

Ship-To Address:
 GSE LINING TECHNOLOGY INC.
 1245 EASTLAND AVENUE
 KINGSTREE SC 29556
 USA

| | | | |
|---------------------------|-------------------------------|---------------------------|-------------------|
| Equistar Material | : 5Q4295 PETROTHENE® LR732001 | Customer Order No. | : 30241/Item 1 |
| Batch Number | : CB24051004 | Customer Number | : 42684 |
| Vehicle Number | : NAHX620456 | Date Shipped | : May 12, 2004 |
| Estimated Quantity | : 186,200 LBS | Equistar Order No. | : 905965 000010 |
| | | Delivery Item No. | : 81123097 000010 |

| Test Description | Test Result | Unit of Measure | |
|--------------------------|-------------|-----------------|---------|
| Vehicle ID | NAHX620456 | | |
| Vehicle Type | HOPPER CAR | | |
| Melt Index, 2160g @ 190C | 0.30 | g/10 min. | STM 002 |
| Density, Extrudate @ 23C | 0.9532 | g/cc | STM 011 |
| HMI, 21600g @ 190C | 34.0 | g/10 min. | STM 002 |

Approved by:

Wilbert Carter Jr.

Print Date: May 26, 2004 VLMCCLAY
 This information is available 24 hours a day at
www.CustomerXPRESS.com
 Questions ? Call Customer Service: 888-777-0232

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Lining Technology, Inc.

Transmissivity Report
ASTM D4716

Roll No. 131142231

| <i>ROLL IDENTIFICATION</i> | | | <i>CUSTOMER INFORMATION</i> | | | |
|----------------------------|------------|--|-----------------------------|--------------------|--|--|
| <i>Roll Number</i> | 131142231 | | <i>Order Number</i> | 36684 | | |
| <i>Product Name</i> | F72080080S | | <i>Customer Name</i> | Taylor Corporation | | |
| <i>Production Date</i> | 3/15/2004 | | <i>Project Name</i> | Taylor Corporation | | |
| <i>Resin Lot #</i> | CB24012403 | | <i>Location</i> | Oxford, AL | | |

| <i>Pressure (psf)</i> | <i>Gradient</i> | <i>Net/Composite</i> | <i>Transmissivity Results</i> | | <i>Seat Time (min)</i> | <i>Boundary</i> |
|-----------------------|-----------------|----------------------|-------------------------------|---------------------|------------------------|-----------------|
| | | | <i>(m²/sec)</i> | <i>(gal/min/ft)</i> | | |
| 10000 | 0.10 | Composite | 7.08E-04 | 3.50 | 15 | SS Plates |



Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142226

| ROLL IDENTIFICATION | | |
|---------------------------|------------|------------|
| Roll Number | 131142226 | |
| Product Name | F72080080S | |
| Production Date | 3/15/2004 | |
| Length \approx (+/- 1%) | 170 | feet |
| | 52 | meters |
| Width (Nominal) | 14.5 | feet |
| | 4.4 | meters |
| Sheet Area | 2,465 | sq. feet |
| | 229 | sq. meters |
| Weight | 962 | pounds |
| | 436 | kilograms |

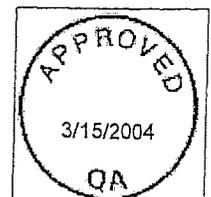
| RESIN INFORMATION | |
|-------------------|------------|
| Lot Number | CB24012403 |
| Type | LR7320 |
| Supplier | Equistar |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130162569 | Geotextile2 # 130159326 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 307 | (8) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 84 | (375) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142227

ROLL IDENTIFICATION

| | |
|-----------------|------------|
| Roll Number | 131142227 |
| Product Name | F72080080S |
| Production Date | 3/15/2004 |

| | | |
|------------------------------|-------|------------|
| Length \approx (\pm 1%) | 170 | feet |
| | 52 | meters |
| Width (Nominal) | 14.5 | feet |
| | 4.4 | meters |
| Sheet Area | 2,465 | sq. feet |
| | 229 | sq. meters |
| Weight | 962 | pounds |
| | 436 | kilograms |

RESIN INFORMATION

| | |
|------------|------------|
| Lot Number | CB24012403 |
| Type | LR7320 |
| Supplier | Equistar |

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130162569 | Geotextile2 # 130159326 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142228

| ROLL IDENTIFICATION | | | RESIN INFORMATION | | | |
|------------------------------|------------|------------|----------------------------|------------------------|----------------|-----------|
| Roll Number | 131142228 | | Lot Number | CB24012403 | | |
| Product Name | F72080080S | | Type | LR7320 | | |
| Production Date | 3/15/2004 | | Supplier | Equistar | | |
| Length \pm (+/- 1%) | | | GSE RESIN TEST DATA | | | |
| | 170 | feet | <u>Property</u> | <u>Test Method</u> | <u>Results</u> | |
| | 52 | meters | Density, g/cc | ASTM D 1505 | 0.953 | |
| Width (Nominal) | 14.5 | feet | Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 | |
| | 4.4 | meters | Geotextile1 # | 130162569 | Geotextile2 # | 130159326 |
| Sheet Area | 2,465 | sq. feet | | | | |
| | 229 | sq. meters | | | | |
| Weight | 962 | pounds | | | | |
| | 436 | kilograms | | | | |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142231

ROLL IDENTIFICATION

Roll Number 131142231
 Product Name F72080080S
 Production Date 3/15/2004

RESIN INFORMATION

Lot Number CB24012403
 Type LR7320
 Supplier Equistar

Length \approx (+/- 1%) 170 feet
 52 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 2,465 sq. feet
 229 sq. meters
 Weight 961 pounds
 436 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |

Geotextile1 # 130159319 Geotextile2 # 130159326

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142232

ROLL IDENTIFICATION

Roll Number 131142232
 Product Name F72080080S
 Production Date 3/15/2004

RESIN INFORMATION

Lot Number CB24012403
 Type LR7320
 Supplier Equistar

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |

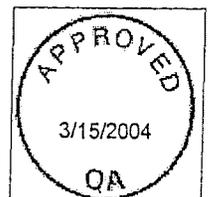
Length \approx (+/- 1%) 170 feet
 52 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 2,465 sq. feet
 229 sq. meters
 Weight 953 pounds
 432 kilograms

Geotextile1 # 130159319 Geotextile2 # 130159327

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142234

ROLL IDENTIFICATION

Roll Number 131142234
Product Name F72080080S
Production Date 3/15/2004

RESIN INFORMATION

Lot Number CB24012403
Type LR7320
Supplier Equistar

Length \pm (+/- 1%) 170 feet
 52 meters
Width (Nominal) 14.5 feet
 4.4 meters
Sheet Area 2,465 sq. feet
 229 sq. meters
Weight 941 pounds
 427 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.32 |
| Geotextile1 # | 130159319 | Geotextile2 # 130159327 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131142236

ROLL IDENTIFICATION

| | |
|----------------------------------|----------------------------------|
| <i>Roll Number</i> | 131142236 |
| <i>Product Name</i> | F72080080S |
| <i>Production Date</i> | 3/15/2004 |
| <hr/> | |
| <i>Length</i> \approx (+/- 1%) | 212 feet 65 meters |
| <i>Width (Nominal)</i> | 14.5 feet 4.4 meters |
| <i>Sheet Area</i> | 3,074 sq. feet 285 sq. meters |
| <i>Weight</i> | 1,185 pounds 538 kilograms |

RESIN INFORMATION

| | |
|-------------------|------------|
| <i>Lot Number</i> | CB24012403 |
| <i>Type</i> | LR7320 |
| <i>Supplier</i> | Equistar |

GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|------------------------------|------------------------|----------------|
| <i>Density, g/cc</i> | ASTM D 1505 | 0.953 |
| <i>Melt index, g/10 min.</i> | ASTM D 1238 (190/2.16) | 0.32 |

Geotextile1 # 130159319 *Geotextile2 #* 130159327

| <i>Physical Property</i> | <i>Test Method</i> | <i>Test Frequency</i> | <i>Customer Minimum</i> | | <i>Test Results</i> | |
|-----------------------------|--------------------|-----------------------|-------------------------|---------------|---------------------|---------------|
| | | | <i>English</i> | <i>Metric</i> | <i>English</i> | <i>Metric</i> |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 307 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 84 | (375) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.960 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.69 | (1222) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 1.28 | (582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.16 | (1433) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.64 | (746) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131150430

ROLL IDENTIFICATION

| | |
|-----------------|------------|
| Roll Number | 131150430 |
| Product Name | F72080080S |
| Production Date | 6/2/2004 |

RESIN INFORMATION

| | |
|------------|------------|
| Lot Number | CB24051004 |
| Type | LR7320 |
| Supplier | Equistar |

| | | |
|---------------------------|-------|------------|
| Length \approx (+/- 1%) | 170 | feet |
| | 52 | meters |
| Width (Nominal) | 14.5 | feet |
| | 4.4 | meters |
| Sheet Area | 2,465 | sq. feet |
| | 229 | sq. meters |
| Weight | 941 | pounds |
| | 427 | kilograms |

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.30 |
| Geotextile1 # | 130162207 | Geotextile2 # 130162218 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 312 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 105 | (465) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.39 | (1994) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.81 | (2182) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.26 | (2388) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.44 | (2471) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131150431

ROLL IDENTIFICATION

Roll Number 131150431
 Product Name F72080080S
 Production Date 6/2/2004

Length \approx (+/- 1%) 170 feet
 52 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 2,465 sq. feet
 229 sq. meters
 Weight 948 pounds
 430 kilograms

RESIN INFORMATION

Lot Number CB24051004
 Type LR7320
 Supplier Equistar

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.953 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.30 |

Geotextile1 # 130162207 Geotextile2 # 130162218

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 312 | (8) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 105 | (465) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.39 | (1994) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.81 | (2182) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.26 | (2388) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.44 | (2471) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03





GSE Lining Technology, Inc.

1245 Eastland Avenue
Kingtree, SC 29556
Phone 843-382-4603
Fax 843-382-4604

Date 8-25-04

Ref: Ultraviolet (UV) Resistance and Test Frequency of GSE Geotextiles

Project 515561

To Whom It May Concern:

The resistance of nonwoven needle punched geotextiles to ultraviolet light depends primarily on antioxidant and carbon black package mixed with resin to prepare a formulation for fiber extrusion. As long as this formulation remains the same the UV resistance of a geotextile does not change. Therefore, GSE performs UV testing only once per resin formulation. The testing is performed according to ASTM Test Method D 4355 and results are included on GSE geotextile specification sheet. Currently, all GSE geotextiles meet or exceed a value of 70% strength retained after 500 hours of UV exposure. GSE will meet or exceed this value for the referenced project.

Although GSE geotextiles are manufactured using one of the best available antioxidant packages, we recommend covering the geotextiles within 15 days of exposure to direct Sunlight. This period does not include time during which geotextiles rolls remain on site covered in black shrink-wrap. Our recommendation is based on UV performance data published in technical literature indicating geotextile strength can decrease sharply after prolonged exposure to Sunlight.

Actual data from an independent laboratory can be supplied upon request.

A handwritten signature in cursive script, appearing to read 'C. Miller', written in black ink.

Charles L. Miller
Laboratory Manager - Kingtree



Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 09/02/04

Branch Plant: 1503 .621812

Shipping Instructions:

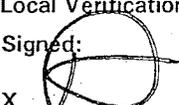
Melanie Taylor @ 256/835-1800

256/835-1800

Sales Order

36684 SO

due 9/3

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|--------|---|
| 1 | 131160826 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 04007 If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ Local Verification Signed:  X Pick Up # 3489KS Seal # Truckers P.O. # |
| 2 | 131160836 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 951.00 | |
| 3 | 131160837 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 956.00 | |
| 4 | 131160841 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 950.00 | |
| 5 | 131160842 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 952.00 | |
| 6 | 131160843 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 948.00 | |
| 7 | 131160844 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 949.00 | |
| 8 | 131160845 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 947.00 | |
| 9 | 131160846 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 945.00 | |
| 10 | 131160853 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 954.00 | |
| 11 | 131160854 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 952.00 | |
| 12 | 131160855 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 959.00 | |

2 bgs ties

TR 724828

Total Quantity: 45,900

Total Weight: 16,149.00

Driver Requirements:

- 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
- 2) Driver must call (843) 382-4603 when unloaded.
- 3) Driver must call and advise any delay in transit.
- 4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: *TEF*

CARRIER SIGNATURE: *Cale Wagner*

DATE: *9-2-04*



Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43713

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 09/02/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|--------|--|
| 13 | 131160856 | 2700 | SF | F72060060T XL7 Fabrinet, 2 Side, 15' | 960.00 | Freight charges are prepaid unless marked collect. Check box if collect. |
| 14 | 131160857 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 943.00 | |
| 15 | 131160858 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 944.00 | <input type="checkbox"/> |
| 16 | 131160859 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 941.00 | Customer P.O. #: 04007 |
| 17 | 131160860 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Side, 15' | 940.00 | If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor |
| | | | | | | Local Verification Signed: X _____ |
| | | | | | | Pick Up # 3489KS |
| | | | | | | Seal # |
| | | | | | | Truckers P.O. # |

| | |
|-------------------------------|--------------------------------|
| Total Quantity: 45,900 | Total Weight: 16,149.00 |
|-------------------------------|--------------------------------|

| | |
|--|--|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: _____ CARRIER SIGNATURE: <i>Bob L. Wagner</i> DATE: _____ |
|--|--|

GSE Roll Allocation

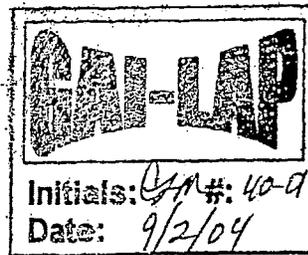
Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| Roll# | Resin Lot | Product Code | Description | Mfg. Date | Length |
|-----------|-----------|--------------|-------------|-----------|--------|
| 131160820 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160821 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160822 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160823 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160824 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160825 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160826 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160827 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160828 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160829 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160830 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160831 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160832 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160833 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160834 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160835 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160836 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160837 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160838 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160839 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160840 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160841 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160842 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160843 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160844 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160845 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160846 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160847 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160848 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160849 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |

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Thursday, September 02, 2004

Page 1 of 2



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| <i>Roll#</i> | <i>Resin Lot</i> | <i>Product Code</i> | <i>Description</i> | <i>Mfg. Date</i> | <i>Length</i> |
|--------------|------------------|---------------------|--------------------|------------------|---------------|
| 131160850 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160851 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160852 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160853 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160854 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160855 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160856 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160857 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160858 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160859 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160860 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |



Lining Technology, Inc.

Transmissivity Report

ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number 131160830
Product Name F72060060T
Production Date 9/2/2004
Resin Lot # CRG610991

CUSTOMER INFORMATION

Order Number 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

| <i>Pressure (psf)</i> | <i>Gradient</i> | <i>Net/Composite</i> | <i>Transmissivity Results</i> | | <i>Seat Time (min)</i> | <i>Boundary</i> |
|-----------------------|-----------------|----------------------|-------------------------------|---------------------|------------------------|-----------------|
| | | | <i>(m²/sec)</i> | <i>(gal/min/ft)</i> | | |
| 10000 | 0.10 | Net | 7.64E-03 | 36.92 | 15 | SS Plates |
| 10000 | 0.10 | Composite | 1.60E-03 | 7.89 | 15 | SS Plates |



CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Recipient: NORMAN LEGETTE
Fax:

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

| Property | Test Method | Value | Unit |
|------------|-------------|--------|--------|
| Melt Index | ST-103 | 0.34 | g/10mi |
| Density | ST-292 | 0.9540 | g/cm3 |

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799



Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160836

ROLL IDENTIFICATION

Roll Number 131160836
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 951 pounds
 431 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160837

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 131160837
 Product Name F72060060T
 Production Date 9/2/2004

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 956 pounds
 434 kilograms

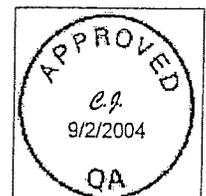
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160841

ROLL IDENTIFICATION

Roll Number 131160841
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

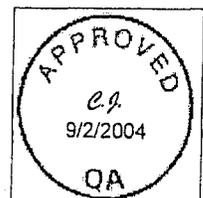
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177858

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160842

ROLL IDENTIFICATION

Roll Number 131160842
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 952 pounds
 432 kilograms

GSE RESIN TEST DATA

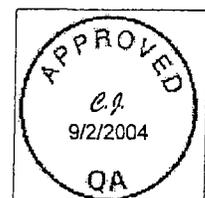
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177875 Geotextile2 # 130177858

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160843

ROLL IDENTIFICATION

Roll Number 131160843
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 948 pounds
 430 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|--------|---------------|--------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 (7) | | 282 (7) | |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 (289) | | 85 (378) | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 (227) | | 3.22 (1461) | |
| Side B - Minimum | | every 10th | 0.50 (227) | | 4.03 (1830) | |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 (454) | | 3.85 (1747) | |
| Side B - Average | | every 10th | 1.00 (454) | | 4.68 (2126) | |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160845

ROLL IDENTIFICATION

Roll Number 131160845
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 947 pounds
 430 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160846

| ROLL IDENTIFICATION | | |
|---------------------|------------|------------|
| Roll Number | 131160846 | |
| Product Name | F72060060T | |
| Production Date | 9/2/2004 | |
| Length ± (+/- 1%) | 180 | feet |
| | 55 | meters |
| Width (Nominal) | 15.0 | feet |
| | 4.6 | meters |
| Sheet Area | 2,700 | sq. feet |
| | 250 | sq. meters |
| Weight | 945 | pounds |
| | 429 | kilograms |

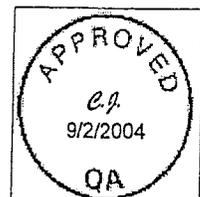
| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| | | | | | | |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| | | | | | | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| | | | | | | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| | | | | | | |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| | | | | | | |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160853

ROLL IDENTIFICATION

| | | |
|----------------------------------|----------------------------------|--|
| Roll Number | 131160853 | |
| Product Name | F72060060T | |
| Production Date | 9/2/2004 | |
| Length \approx (+/- 1%) | 180 feet 55 meters | |
| Width (Nominal) | 15.0 feet 4.6 meters | |
| Sheet Area | 2,700 sq. feet 250 sq. meters | |
| Weight | 954 pounds 433 kilograms | |

RESIN INFORMATION

| | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|-----------------------|------------------------|--------------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177880 | Geotextile2 # 130177873 |

| <i>Physical Property</i> | <i>Test Method</i> | <i>Test Frequency</i> | <i>Customer Minimum</i> | | <i>Test Results</i> | |
|-----------------------------|--------------------|-----------------------|-------------------------|---------------|---------------------|---------------|
| | | | <i>English</i> | <i>Metric</i> | <i>English</i> | <i>Metric</i> |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 (7) | | 285 (7) | |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 (289) | | 94 (416) | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 (227) | | 2.77 (1256) | |
| Side B - Minimum | | every 10th | 0.50 (227) | | 4.02 (1823) | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 (454) | | 3.19 (1449) | |
| Side B - Average | | every 10th | 1.00 (454) | | 4.60 (2089) | |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160854

ROLL IDENTIFICATION

Roll Number 131160854
Product Name F72060060T
Production Date 9/2/2004
Length \approx (+/- 1%) 180 feet / 55 meters
Width (Nominal) 15.0 feet / 4.6 meters
Sheet Area 2,700 sq. feet / 250 sq. meters
Weight 952 pounds / 432 kilograms

RESIN INFORMATION

Lot Number CRG610991
Type 5502BN
Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 **Geotextile2 #** 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160856

ROLL IDENTIFICATION

Roll Number 131160856
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

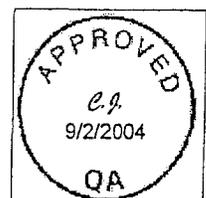
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|--------|---------------|--------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 (7) | | 285 (7) | |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 (289) | | 94 (416) | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 (227) | | 2.77 (1256) | |
| Side B - Minimum | | every 10th | 0.50 (227) | | 4.02 (1823) | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 (454) | | 3.19 (1449) | |
| Side B - Average | | every 10th | 1.00 (454) | | 4.60 (2089) | |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160858

ROLL IDENTIFICATION

Roll Number 131160858
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

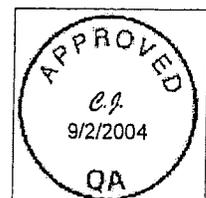
Geotextile1 # 130177872 Geotextile2 # 130177879

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160859

| ROLL IDENTIFICATION | | |
|---------------------|------------|--|
| Roll Number | 131160859 | |
| Product Name | F72060060T | |
| Production Date | 9/2/2004 | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| | | |
|---------------------------|-------|------------|
| Length \approx (+/- 1%) | 180 | feet |
| | 55 | meters |
| Width (Nominal) | 15.0 | feet |
| | 4.6 | meters |
| Sheet Area | 2,700 | sq. feet |
| | 250 | sq. meters |
| Weight | 941 | pounds |
| | 427 | kilograms |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177872 | Geotextile2 # 130177879 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160860

ROLL IDENTIFICATION

Roll Number 131160860
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 940 pounds
 426 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177872 Geotextile2 # 130177879

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 09/02/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

due 9/3

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|----------|--|
| 1 | 131160820 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 1,085.00 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 04007 If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ Local Verification Signed: X <input checked="" type="checkbox"/> |
| 2 | 131160821 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 959.00 | |
| 3 | 131160822 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 953.00 | |
| 4 | 131160823 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 938.00 | |
| 5 | 131160824 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 936.00 | |
| 6 | 131160825 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 938.00 | |
| 7 | 131160827 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 955.00 | |
| 8 | 131160828 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | |
| 9 | 131160829 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 960.00 | |
| 10 | 131160830 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 960.00 | |
| 11 | 131160831 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 959.00 | |
| 12 | 131160832 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 965.00 | |

3 bgs ties

JR 510 791

| | |
|-------------------------------|--------------------------------|
| Total Quantity: 64,800 | Total Weight: 23,011.00 |
|-------------------------------|--------------------------------|

| | |
|--|---|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: <i>TEI</i> CARRIER SIGNATURE: <i>PC Hull</i> DATE: <i>9-2-04</i> |
|--|---|



Shipping Order - Packing List - Original - Not Negotiable

GSE Nonwoven Technology Company at Kingstree, SC
a division of GSE Lining Technology, Inc.

Shippers No. 43732

Received at Kingstree, SC from GSE Nonwoven Technology Company the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any position of said route to destination, and as to each party at any time interested in all or any of said property, that every service performed hereunder shall be subject to the rates and contract to in writing by GSE Nonwoven Technology and Carrier. GSE Nonwoven Technology's obligation to pay freight charges for the shipment is conditioned on (1) the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Nonwoven Technology Company for payment.

| | |
|---|-----------------------|
| Ship To: Taylor Corporation 2255 Hwy 78 East Oxford AL 36203 | Date: 09/02/04 |
| Branch Plant: 1503 .621812 | |

| | | |
|--|--------------|--------------------------------|
| Shipping Instructions: Melanie Taylor @ 256/835-1800 | 256/835-1800 | Sales Order 36684 SO |
|--|--------------|--------------------------------|

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | Weight | Project# 515561 |
|----------|-----------|-------------|----|---|--------|---|
| 13 | 131160833 | 2700 | SF | F72060060T XL7 Fabrinet, 2 Slide, 15' | 953.00 | Freight charges are prepaid unless marked collect. Check box if collect. |
| 14 | 131160834 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 951.00 | |
| 15 | 131160835 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | <input type="checkbox"/> |
| 16 | 131160838 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 955.00 | Customer P.O. #: 04007 |
| 17 | 131160839 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 954.00 | If this shipment is to be delivered to consignee, consignee shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. |
| 18 | 131160840 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 952.00 | |
| 19 | 131160847 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 945.00 | |
| 20 | 131160848 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 946.00 | |
| 21 | 131160849 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 946.00 | Signature of Consignor |
| 22 | 131160850 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 958.00 | |
| 23 | 131160851 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 957.00 | Local Verification |
| 24 | 131160852 | 2700 | SF | F72060060T FabriNet w/ 6 oz/yd2 MARV XL7 Fabrinet, 2 Slide, 15' | 970.00 | Signed: <u>X</u> |

| | |
|-------------------------------|--------------------------------|
| Total Quantity: 64,800 | Total Weight: 23,011.00 |
|-------------------------------|--------------------------------|

| | |
|--|--|
| Driver Requirements: 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery. 2) Driver must call (843) 382-4603 when unloaded. 3) Driver must call and advise any delay in transit. 4) A copy of this B/L must accompany Freight Invoice. | CARRIER NAME: _____ CARRIER SIGNATURE: <u>[Signature]</u> DATE: _____ |
|--|--|

GSE Roll Allocation

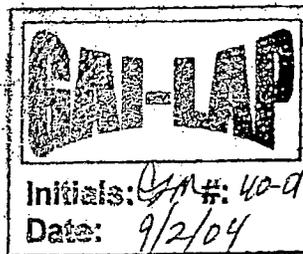
Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| Roll# | Resin Lot | Product Code | Description | Mfg. Date | Length |
|-----------|-----------|--------------|-------------|-----------|--------|
| 131160820 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160821 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160822 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160823 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160824 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160825 | CRG610991 | F72060060T | F72060060T | 9/1/2004 | 180 |
| 131160826 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160827 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160828 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160829 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160830 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160831 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160832 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160833 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160834 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160835 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160836 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160837 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160838 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160839 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160840 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160841 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160842 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160843 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160844 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160845 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160846 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160847 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160848 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160849 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |

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Thursday, September 02, 2004

Page 1 of 2



Order 36684
Customer Taylor Corporation
Site Taylor Corporation

| <i>Roll#</i> | <i>Resin Lot</i> | <i>Product Code</i> | <i>Description</i> | <i>Mfg. Date</i> | <i>Length</i> |
|--------------|------------------|---------------------|--------------------|------------------|---------------|
| 131160850 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160851 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160852 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160853 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160854 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160855 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160856 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160857 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160858 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160859 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |
| 131160860 | CRG610991 | F72060060T | F72060060T | 9/2/2004 | 180 |



Lining Technology, Inc.

Transmissivity Report

ASTM D4716

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number 131160830
 Product Name F72060060T
 Production Date 9/2/2004
 Resin Lot # CRG610991

CUSTOMER INFORMATION

Order Number 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

| Pressure (psf) | Gradient | Net/Composite | Transmissivity Results | | Seat Time (min) | Boundary |
|----------------|----------|---------------|------------------------|--------------|-----------------|-----------|
| | | | (m ² /sec) | (gal/min/ft) | | |
| 10000 | 0.10 | Net | 7.64E-03 | 36.92 | 15 | SS Plates |
| 10000 | 0.10 | Composite | 1.60E-03 | 7.89 | 15 | SS Plates |



CoA Date: 07/30/2004

Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

Recipient: NORMAN LEGETTE
Fax:

CPC Delivery #: 86682445
PO #: 30239
Weight: 205800 LB
Ship Date: 07/30/2004
Package: BULK
Mode: Hopper Car
Car #: HCBX001785
Seal No: 429561

Product:
Marlex Polyethylene HHM 5502BN BULK

Lot Number: CRG610991

| Property | Test Method | Value | Unit |
|------------|-------------|--------|--------|
| Melt Index | ST-103 | 0.34 | g/10mi |
| Density | ST-292 | 0.9540 | g/cm3 |

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.

Kay F. Donaldson
Quality Control Supervisor

For CoA questions contact Peter Scheirman at 713-289-4799



Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160820

ROLL IDENTIFICATION

Roll Number 131160820
 Product Name F72060060T
 Production Date 9/1/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 1,085 pounds
 492 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

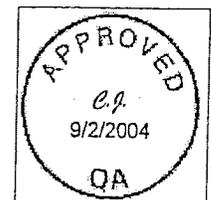
GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130165285 | Geotextile2 # 130171079 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 289 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 87 | (387) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.35 | (1977) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 3.48 | (1582) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 4.90 | (2224) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.07 | (1847) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160821

ROLL IDENTIFICATION

Roll Number 131160821
 Product Name F72060060T
 Production Date 9/1/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 959 pounds
 435 kilograms

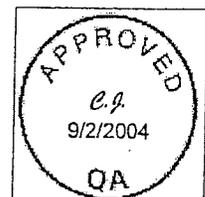
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160821

| ROLL IDENTIFICATION | | |
|-----------------------|----------------------------------|--|
| Roll Number | 131160821 | |
| Product Name | F72060060T | |
| Production Date | 9/1/2004 | |
| Length \pm (+/- 1%) | 180 feet 55 meters | |
| Width (Nominal) | 15.0 feet 4.6 meters | |
| Sheet Area | 2,700 sq. feet 250 sq. meters | |
| Weight | 959 pounds 435 kilograms | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177524 | Geotextile2 # 130177489 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160822

ROLL IDENTIFICATION

Roll Number 131160822
 Product Name F72060060T
 Production Date 9/1/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 953 pounds
 432 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

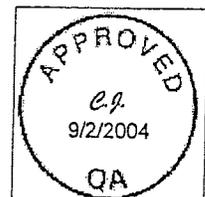
Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160823

ROLL IDENTIFICATION

Roll Number 131160823
 Product Name F72060060T
 Production Date 9/1/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

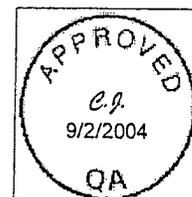
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160824

| ROLL IDENTIFICATION | | |
|---------------------|------------|--|
| Roll Number | 131160824 | |
| Product Name | F72060060T | |
| Production Date | 9/1/2004 | |

| RESIN INFORMATION | |
|-------------------|-----------|
| Lot Number | CRG610991 |
| Type | 5502BN |
| Supplier | Chevron |

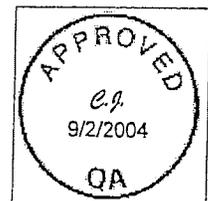
| | | |
|---------------------------|-------|------------|
| Length \approx (+/- 1%) | 180 | feet |
| | 55 | meters |
| Width (Nominal) | 15.0 | feet |
| | 4.6 | meters |
| Sheet Area | 2,700 | sq. feet |
| | 250 | sq. meters |
| Weight | 936 | pounds |
| | 425 | kilograms |

| GSE RESIN TEST DATA | | |
|-----------------------|------------------------|-------------------------|
| Property | Test Method | Results |
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177524 | Geotextile2 # 130177489 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 280 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 88 | (392) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160825

ROLL IDENTIFICATION

Roll Number 131160825
 Product Name F72060060T
 Production Date 9/1/2004

Length \approx (\pm 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 938 pounds
 425 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

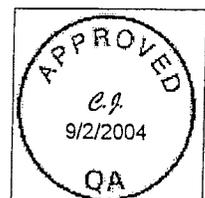
Geotextile1 # 130177524 Geotextile2 # 130177489

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160827

ROLL IDENTIFICATION

Roll Number 131160827
 Product Name F72060060T
 Production Date 9/2/2004

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 955 pounds
 433 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160828

ROLL IDENTIFICATION

Roll Number 131160828
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 958 pounds
 435 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177876 | Geotextile2 # 130177857 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 280 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 88 | (392) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | | | | | |
| | GRI GC7 | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 6.05 | (2747) |
| Side B - Average | | | | | | |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160829

ROLL IDENTIFICATION

Roll Number 131160829
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 960 pounds
 435 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160830

ROLL IDENTIFICATION

Roll Number 131160830
 Product Name F72060060T
 Production Date 9/2/2004

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 960 pounds
 435 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 280 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 88 | (392) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.5 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.86 | (2207) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 5.17 | (2349) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.68 | (2577) |
| Side B - Average | | every 10th | 1.00 | (454) | 6.05 | (2747) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160832

ROLL IDENTIFICATION

Roll Number 131160832
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

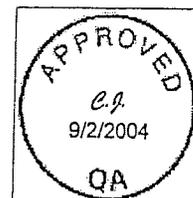
Geotextile1 # 130177876 Geotextile2 # 130177857

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160834

ROLL IDENTIFICATION

Roll Number 131160834
 Product Name F72060060T
 Production Date 9/2/2004

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 951 pounds
 431 kilograms

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160835

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 131160835
 Product Name F72060060T
 Production Date 9/2/2004

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 958 pounds
 435 kilograms

GSE RESIN TEST DATA

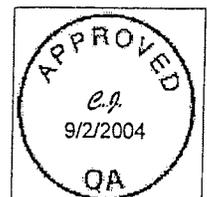
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160838

ROLL IDENTIFICATION

Roll Number 131160838
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 955 pounds
 433 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177856 | Geotextile2 # 130177859 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | | 2.0 | | 2.6 |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160839

ROLL IDENTIFICATION

Roll Number 131160839
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 954 pounds
 433 kilograms

GSE RESIN TEST DATA

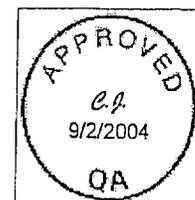
| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177856 | Geotextile2 # 130177859 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 92 | (407) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.45 | (2020) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160840

ROLL IDENTIFICATION

Roll Number . 131160840
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number. CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 952 pounds
 432 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

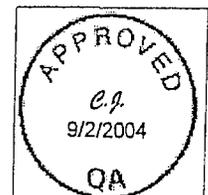
Geotextile1 # 130177856 Geotextile2 # 130177859

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 92 | (407) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.6 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 4.34 | (1971) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 5.07 | (2304) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 5.24 | (2380) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160848

ROLL IDENTIFICATION

Roll Number 131160848
Product Name F72060060T
Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
Type 5502BN
Supplier Chevron

Length \approx (+/- 1%) 180 feet
 55 meters
Width (Nominal) 15.0 feet
 4.6 meters
Sheet Area 2,700 sq. feet
 250 sq. meters
Weight 946 pounds
 429 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |
| Geotextile1 # | 130177875 | Geotextile2 # 130177858 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
Customer Name Taylor Corporation
Project Name Taylor Corporation
Location Oxford, AL

*Modified
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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160849

ROLL IDENTIFICATION

Roll Number 131160849
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \pm (+/- 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 946 pounds
 429 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

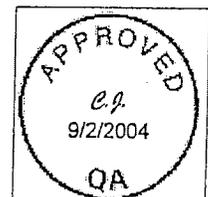
Geotextile1 # 130177875 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | every 10th | 275 | (7) | 282 | (7) |
| Average | | | | | | |
| Tensile Properties (MD) | ASTM D 5035 | every 10th | 65 | (289) | 85 | (378) |
| peak load, ppi (N/in) | | | | | | |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | | | | | | |
| | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | | | | | | |
| Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | | | | | |
| Peel Strength, ppi (g/inch) | GRI GC7 | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side A - Average | | | | | | |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160850

ROLL IDENTIFICATION

Roll Number 131160850
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 282 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 85 | (378) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 3.22 | (1461) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.03 | (1830) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.85 | (1747) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.68 | (2126) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Roll Test Data Report

Lining Technology, Inc.

Roll No. 131160851

ROLL IDENTIFICATION

Roll Number 131160851
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

Length \approx (\pm 1%) 180 feet
 55 meters
 Width (Nominal) 15.0 feet
 4.6 meters
 Sheet Area 2,700 sq. feet
 250 sq. meters
 Weight 957 pounds
 434 kilograms

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

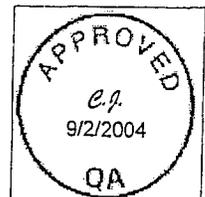
Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Minimum | | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified

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Lining Technology, Inc.

Roll Test Data Report

Roll No. 131160852

ROLL IDENTIFICATION

Roll Number 131160852
 Product Name F72060060T
 Production Date 9/2/2004

RESIN INFORMATION

Lot Number CRG610991
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

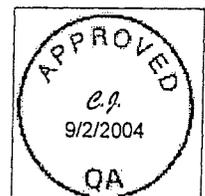
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.34 |

Geotextile1 # 130177880 Geotextile2 # 130177873

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 275 | (7) | 285 | (7) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 65 | (289) | 94 | (416) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | 2.0 | | 2.4 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.961 | |
| Peel Strength, ppi (g/inch) Side A - Minimum | GRI GC7 | every 10th | 0.50 | (227) | 2.77 | (1256) |
| Side B - Minimum | | every 10th | 0.50 | (227) | 4.02 | (1823) |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7 | every 10th | 1.00 | (454) | 3.19 | (1449) |
| Side B - Average | | every 10th | 1.00 | (454) | 4.60 | (2089) |

Order No. 36684
 Customer Name Taylor Corporation
 Project Name Taylor Corporation
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Shipping Order - Packing List - Original - Not Negotiable

GSE Lining Technology, Inc. at HOUSTON, TEXAS

Shippers No. 45459

Received at Houston, Texas from GSE Lining Technology, Inc. the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below, which said Carrier agrees to carry to the place of delivery at said destination. It is mutually agreed as to each Carrier of all or any said property, over all or any portion of said route to destination, and as to each party at any time interested in, all or any of said property, that every service performed hereunder shall be subject to the rates and contract agreed to in writing by GSE Lining Technology and Carrier: GSE Lining Technology's obligation to pay freight charges for the shipment is conditioned on the existence of a separate written contract with the carrier transporting the freight and (2) the carrier's name appearing on this Bill of Lading, and other carriers must look solely to a party other than GSE Lining technology, Inc. for payment.

Ship To: Taylor Corporation
2255 Hwy 78 East
Oxford AL 36203

Date: 10/20/04

Roll Certifications Included

Branch Plant: 1500 .621812

Shipping Instructions:

Ship via dedicated truck

Chris Gay @ 888-398-0175

Sales Order

37548 SO

| No. Line | Roll # | QTY Shipped | UM | Kind of Package, Description of Articles, Special Marks, and Exceptions | | Weight | Project# 515834 |
|----------|-----------|-------------|----|---|---|--------|---|
| 1 | 110167858 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 942.0 | Freight charges are prepaid unless marked collect. Check box if collect. <input type="checkbox"/> Customer P.O. #: 4007 If this shipment is to be delivered to consignor, consignor shall sign the following statement. Carrier may decline to deliver this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ Local Verification Signed: X Pick Up # 6629RR Seal # Truckers P.O. # |
| 2 | 110167865 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 936.0 | |
| 3 | 110167866 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 940.0 | |
| 4 | 110167867 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 945.0 | |
| 5 | 110167868 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 955.0 | |
| 6 | 110167870 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 948.0 | |
| 7 | 110167871 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 943.0 | |
| 8 | 131162169 | 3335 | SF | F42060060S | FabriNet w/ 6 oz/yd2 MARV XL4 Fabrinet, 2 Side, 14.5' | 960.0 | |

Total Quantity: 26,680

Total Weight: 7,569.00

Driver Requirements:

- 1) Driver must pre call 24 hrs prior to delivery and on Friday for Monday delivery.
- 2) Driver must call (281) 230-6781 when unloaded.
- 3) Driver must call and advise any delay in transit.
- 4) A copy of this B/L must accompany Freight Invoice.

CARRIER NAME: _____

CARRIER SIGNATURE: _____

DATE: _____



CERTIFICATE OF ANALYSIS
Batch: C040827A03

| | | | |
|---|-------------------------------------|---|----------------------------------|
| Information Provided to: GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON, TX 77073 Contact: DON BOHAC Fax: 281-230-8630 | | Shipped To: GSE LINING TECHNOLOGY INC 19103 GUNDLE RD HOUSTON TX 77073 USA | |
| Order information on Shipment of: FORTIFLEX ^{RM} B53-35H-011 PE PELLETS | | Sold-To: GSE LINING TECHNOLOGY INC | |
| Customer Purchase Order No.: 32378 | Material Code: 64442 | Dry Short Tons: | Delivery / BOL No.: 80587799 |
| Shipping Date: 08/30/2004 | Shipping Vehicle No.: HLTX006196 | Net Weight: 209,300 LB | Number and Type of Package: 1 |

Comment(s):

| CUSTOMER SPECIFICATION ANALYSIS | | METHOD | RESULT | UNIT |
|---------------------------------|---------------|--------|--------|--------|
| MI 2.16 (1X) | ASTM D1238-01 | | 0.38 | g/10mn |
| DENSITY (NATURAL RESIN) | ASTM D4883-99 | | 0.9545 | g/cm3 |



Responsible Care

| | |
|--|--|
| SUPPLIER: BP SOLVAY POLYETHYLENE NORTH AME 3333 RICHMOND AVE 77098-3099 HOUSTON Phone: 800-527-5419 | APPROVED BY: Olton Decuire Quality Assurance Manager BP SOLVAY PO BOX 1000 DEER PARK, TX 77536-1000 Phone: 713-307-3740 |
|--|--|

THIS REPORT CANNOT BE COPIED OR REPRODUCED EXCEPT IN FULL WITHOUT THE WRITTEN APPROVAL OF THE BP SOLVAY ANALYTICAL AND QUALITY SERVICES DEPARTMENT. RESULTS APPLY ONLY TO THE ITEMS TESTED. THIS DOCUMENT CONTAINS INFORMATION THAT MAY BE CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. USE OF THIS INFORMATION BY ANYONE ELSE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE NOTIFY US BY PHONE AT 713-307-3740.



Certificate of Analysis

Shipped To: GSE NONWOVEN TECHNOLOGY CO.
1245 EASTLAND AVE.
KINGSTREE SC 29556
USA

CPC Delivery #: 86692159
PO #: 30239
Weight: 197480 LB
Ship Date: 08/11/2004
Package: BULK
Mode: Hopper Car
Car #: PSPX008184
Seal No: 141450

Recipient: NORMAN LEGETTE
Fax:

Product:
MARLEX POLYETHYLENE HHM 5502BN BULK

Lot Number: 6141044

| Property | Test Method | Value | Unit |
|------------|-------------|--------|--------|
| Melt Index | ASTM D1238 | 0.400 | g/10mi |
| Density | ASTM D1505 | 0.9540 | g/cm3 |

The data set forth herein have been carefully compiled by Chevron Phillips Chemical Company LP. However, there is no warranty of any kind, either expressed or implied, applicable to its use, and the user assumes all risk and liability in connection therewith.

Jackie Edwards
Certification Systems Specialist

For CoA questions contact Peter Scheirman at 713-289-4799



Roll Test Data Report

Lining Technology, Inc.

Roll No. 110167858

ROLL IDENTIFICATION

Roll Number 110167858
 Product Name F42060060S
 Production Date 10/7/2004

RESIN INFORMATION

Lot Number C040827A03
 Type B53-35H-011
 Supplier Solvay

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 942 pounds
 427 kilograms

Geotextile1 # 130180126 Geotextile2 # 130180142

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|---------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 223 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 55 | (243) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.7 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 1.90 | (863) |
| Side B - Average | | every 10th | 1.00 | (454) | 1.30 | (590) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167865

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|----------------------------------|----------------------------------|--|
| Roll Number | 110167865 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 936 pounds 425 kilograms | |

| | |
|-------------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|-----------------------|------------------------|--------------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130180127 | Geotextile2 # 130180129 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | 2.0 | | 2.8 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.964 | |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167866

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|----------------------------------|----------------------------------|--|
| Roll Number | 110167866 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 940 pounds 426 kilograms | |

| | |
|-------------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|-----------------------|------------------------|--------------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130180127 | Geotextile2 # 130180129 |

| <i>Physical Property</i> | <i>Test Method</i> | <i>Test Frequency</i> | <i>Customer Minimum</i> | | <i>Test Results</i> | |
|-----------------------------|-----------------------|-----------------------|-------------------------|---------------|---------------------|---------------|
| | | | <i>English</i> | <i>Metric</i> | <i>English</i> | <i>Metric</i> |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | 2.0 | | 2.8 | |
| Density, g/cc | ASTM D 1505 | every 10th | 0.940 | | 0.964 | |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167867

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 110167867
 Product Name F42060060S
 Production Date 10/7/2004

Lot Number C040827A03
 Type B53-35H-011
 Supplier Solvay

GSE RESIN TEST DATA

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 945 pounds
 429 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |

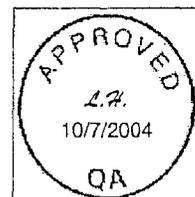
Geotextile1 # 130180127 Geotextile2 # 130180129

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | | | | | |
| | | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | | | | | |
| | | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified

GSE-8.2.4-007 Rev - - 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167868

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|---------------------------|----------------------------------|--|
| Roll Number | 110167868 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 955 pounds 433 kilograms | |

| | |
|------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

GSE RESIN TEST DATA

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130180127 | Geotextile2 # 130180129 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|--|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 200 | (5) | 233 | (6) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 45 | (200) | 52 | (233) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.964 |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7* / ASTM D7005 | every 10th | 1.00 | (454) | 2.70 | (1226) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.30 | (1044) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167870

ROLL IDENTIFICATION

RESIN INFORMATION

| | | |
|----------------------------------|----------------------------------|--|
| Roll Number | 110167870 | |
| Product Name | F42060060S | |
| Production Date | 10/7/2004 | |
| Length \approx (+/- 1%) | 230 feet 70 meters | |
| Width (Nominal) | 14.5 feet 4.4 meters | |
| Sheet Area | 3,335 sq. feet 309 sq. meters | |
| Weight | 948 pounds 430 kilograms | |

| | |
|-------------------|-------------|
| Lot Number | C040827A03 |
| Type | B53-35H-011 |
| Supplier | Solvay |

GSE RESIN TEST DATA

| <u>Property</u> | <u>Test Method</u> | <u>Results</u> |
|-----------------------|------------------------|--------------------------------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |
| Geotextile1 # | 130156189 | Geotextile2 # 130180141 |

| <i>Physical Property</i> | <i>Test Method</i> | <i>Test Frequency</i> | <i>Customer Minimum</i> | | <i>Test Results</i> | |
|--|-----------------------|-----------------------|-------------------------|---------------|---------------------|---------------|
| | | | <i>English</i> | <i>Metric</i> | <i>English</i> | <i>Metric</i> |
| Thickness, mil (mm) Average | ASTM D 5199 | every 10th | 200 | (5) | 238 | (6) |
| Tensile Properties (MD) peak load, ppi (N/in) | ASTM D 5035 | every 10th | 45 | (200) | 51 | (226) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.963 |
| Peel Strength, ppi (g/inch) Side A - Average | GRI GC7* / ASTM D7005 | every 10th | 1.00 | (454) | 2.56 | (1162) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.25 | (1022) |

Order No. 37548
Customer Name Taylor Construction
Project Name Taylor Construction
Location Oxford, AL

*Modified
GSE-8.2.4-007 Rev - - 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 110167871

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 110167871
 Product Name F42060060S
 Production Date 10/7/2004

Lot Number C040827A03
 Type B53-35H-011
 Supplier Solvay

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 943 pounds
 428 kilograms

GSE RESIN TEST DATA

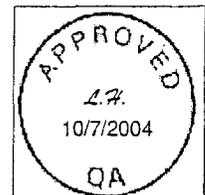
| Property | Test Method | Results |
|-----------------------|------------------------|---------|
| Density, g/cc | ASTM D 1505 | 0.955 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.38 |

Geotextile1 # 130156189 Geotextile2 # 130180141

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|-----------------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 238 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 51 | (226) |
| Carbon Black Content, % | ASTM D 1603* | every 5th | | 2.0 | | 2.8 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.963 |
| Peel Strength, ppi (g/inch) | GRI GC7* / ASTM D7005 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 2.56 | (1162) |
| Side B - Average | | every 10th | 1.00 | (454) | 2.25 | (1022) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03





Lining Technology, Inc.

Roll Test Data Report

Roll No. 131162169

ROLL IDENTIFICATION

RESIN INFORMATION

Roll Number 131162169
 Product Name F42060060S
 Production Date 9/14/2004

Lot Number 6141044
 Type 5502BN
 Supplier Chevron

GSE RESIN TEST DATA

Length \approx (+/- 1%) 230 feet
 70 meters
 Width (Nominal) 14.5 feet
 4.4 meters
 Sheet Area 3,335 sq. feet
 309 sq. meters
 Weight 954 pounds
 433 kilograms

| Property | Test Method | Results |
|-----------------------|------------------------|-------------------------|
| Density, g/cc | ASTM D 1505 | 0.954 |
| Melt index, g/10 min. | ASTM D 1238 (190/2.16) | 0.40 |
| Geotextile1 # | 130178409 | Geotextile2 # 130178610 |

| Physical Property | Test Method | Test Frequency | Customer Minimum | | Test Results | |
|-----------------------------|--------------|----------------|------------------|---------|--------------|----------|
| | | | English | Metric | English | Metric |
| Thickness, mil (mm) | ASTM D 5199 | | | | | |
| Average | | every 10th | 200 | (5) | 228 | (6) |
| Tensile Properties (MD) | ASTM D 5035 | | | | | |
| peak load, ppi (N/in) | | every 10th | 45 | (200) | 66 | (294) |
| Carbon Black Content, % | ASTM D 1603* | every 10th | | 2.0 | | 2.4 |
| Density, g/cc | ASTM D 1505 | every 10th | | 0.940 | | 0.961 |
| Peel Strength, ppi (g/inch) | GRI GC7 | | | | | |
| Side A - Average | | every 10th | 1.00 | (454) | 4.07 | (1848) |
| Side B - Average | | every 10th | 1.00 | (454) | 3.71 | (1683) |

Order No. 37548
 Customer Name Taylor Construction
 Project Name Taylor Construction
 Location Oxford, AL

*Modified
 GSE-8.2.4-007 Rev -- 02/03



APPENDIX T
CONCRETE DOCUMENTATION

CONCRETE MIX DESIGN

July 30, 2004

Contractor: Taylor Corporation
Project: Solutia Anniston, 11th Street Project
Concrete Source: Kirkpatrick Concrete, Inc.
Mix Identification:

Mix Design Data Product Code 994013

28-Day Comp. Strength (psi): 4000 psi
Slump: 2.0 (+ OR -) 1.0 inches
Entrained (incl.entrapped) Air: 1.5

Materials & Proportions (saturated, surface dry pounds per cubic yard where applicable):

| Source | Description | | Sp. Grav. | Est.Yield (cu.ft.) |
|------------------------------|---|------------|-----------|-----------------------|
| National Cement Company | Cement (ASTM C 150, Type I), lbs. | 677 | 3.15 | 3.44 |
| Boral | Flyash (ASTM C 618, Class F), lbs. | 189 | 2.30 | 1.18 |
| Elmore Sand & Gravel | Concrete Sand (ASTM C 33), lbs. | 2135 | 2.63 | 13.01 |
| Elmore Sand & Gravel | No. 7 Pea Gravel | 585 | 2.63 | 3.56 |
| | Water, lbs. (US Gals.) | 350 (41.9) | 1.00 | 5.61 |
| | Total Air, % | 2 | | 0.41 |
| | | | Total = | <u>27.21</u> |
| Chemical Admixtures * | | | | |
| Euclid Chemical Company | Water Reducing Admixture - WR 91 (ASTM C 494, Type A), oz./cu.yd. | | | 34.0 |
| Euclid Chemical Company | Air Entrainment Admixture - AEA 92S (ASTM C 260), oz./cu.yd. | | | 0.0 |
| Euclid Chemical Company | Retarder / Reducer - Eucon Retarder 75 (ASTM C 494, Type D), oz./cu.yd. | | | 0.0 |

* Admixture dosages are based on past experience and manufacturer's recommendations. Dosages will be adjusted as needed to maintain concrete properties within the allowed tolerances.

Other Information

0.41 = Water to Cementitious Material Ratio, lbs./lbs.
0.20 = Fly Ash to Cementitious Material Ratio, lbs./lbs.
143.9 = Estimated Concrete Unit Weight, pcf

Prepared By:



Patrick A. Davis (Pat)
Field Services Manager

KIRKPATRICK CONCRETE

MATERIAL CERTIFICATIONS

The materials represented in the mix design submittals are the materials currently being utilized at the plant(s) associated with this project. Any changes in materials may be made without notice, but are guaranteed to meet the same ASTM standards and applicable project specifications as those listed.



Suite 600
 2000 SouthBridge Parkway
 Birmingham, Alabama 35209
 Telephone: 205-423-2600
 Fax: 205-870-5777

January 6, 2003

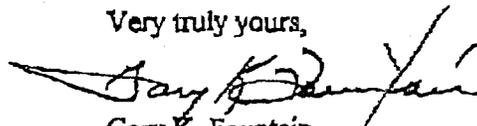
Kirkpatrick Concrete Inc.
 PO Box 546
 Guntersville, Alabama 35976

Gentlemen:

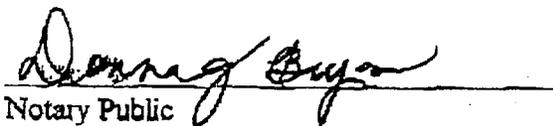
This certifies that **Coosa Portland Cement, Type I**, as manufactured in the United States by National Cement Company, Birmingham, Alabama, meets the requirements of both **ASTM C-150** and **AASHTO M-85** for Portland cement.

This also certifies that **Coosa Portland Cement, Type I**, meets requirements for specification **ASTM C-150** for **Portland Cement, Type II**.

Very truly yours,


 Gary K. Fountain
 Office Manager - Sales

Sworn to and subscribed to before
 me on January 6, 2003.


 Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
 MY COMMISSION EXPIRES: Aug 23, 2004
 BONDED TIRU NOTARY PUBLIC UNDERWRITERS



National Cement Company of Alabama, Inc.

CERTIFIED MILL TEST REPORT

Suite 600
 2000 SouthBridge Parkway
 Birmingham, Alabama 35208
 Telephone: 205-423-2600
 Fax: 205-870-5777

CONSIGNEE: KIRKPATRICK CONCRETE CO. DESTINATION: BIRMINGHAM, ALABAMA
 SPECIFICATION: TYPE 1 ASTM C-150 M-85
 DATE SHIPPED: _____ B/L NUMBER: _____

RESULTS OF TESTS

| | | | |
|---------------------------------|------|--|------------|
| CHEMICAL ANALYSIS BY ASTM C-114 | | TIME OF SET (GILMORE) ASTM C-266 | |
| SILICA: | 20.9 | INITIAL SET TIME: MINUTES | 150 |
| ALUMINA: | 4.45 | FINAL SET: MINUTES: | 250 |
| FERRIC OXIDE: | 3.17 | 325 SIEVE, % RETAINED ASTM C-430 | 1.7 |
| MAGNESTA: | 2.5 | WAGNER, SQ/Cm PER GRAM ASTM C-115 | 2231 |
| SULFUR TRIOXIDE: | 2.68 | BLAINE, SQ/Cm PER GRAM ASTM C-204 | 3755 |
| IGNITION LOSS: | 0.9 | AUTOClave EXPANSION: ASTM C-151 | 0.046 |
| INSOLUBLE RESIDUE: | 0.3 | AIR CONTENT: ASTM C-185 | 9.5 |
| ALKALI AS NA2O EQUIV: | 0.55 | COMPRESSIVE STRENGTHS, PSI, Mpa ASTM C-109 | |
| POTENTIAL COMPOUNDS | | 3 DAY: | 3612 24.9 |
| TRICALCIUM SILICATE: | 54.2 | 7 DAY: | 4592 31.66 |
| TRICALCIUM ALUMINATE: | 6.4 | | |

I hereby certify that the cement referenced herein has been tested in our laboratory with the above results.

QUALITY CONTROL MANAGER
 FRANK W. HOLCOMB

12/19/2002
 6198

Boral
Material
Technologies



BORAL MATERIAL TECHNOLOGIES INC.
75 Canton Office Park
1343 Canton Rd., Suite C
Marietta, Georgia 30086

SUPPLIER'S CERTIFICATION

Boral Fly Ash

This is to certify that the Boral High Performance Fly Ash shipped from Plant Bowen, located near Stilesboro, Georgia, meets or exceeds the following specifications:

American Society for Testing & Materials.....ASTM C-618, Class "F"

American Association of State Highway and
Transportation Officials.....AASHTO M-295, Class "F"

BORAL MATERIAL TECHNOLOGIES INC.

By: Kenneth L Hill

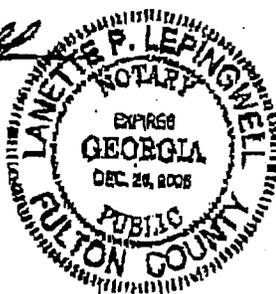
Name: Kenneth L. Hill

Title: Manager, Technical Services-Eastern

Subscribed and sworn to before me this 23rd day of May, 2003.

Lanette P. Lepingwell
Notary Public

BOWEN.CSR



Elmore Sand & Gravel, Inc.
1322 Maron Spillway Road
PO Box 189
Elmore, Alabama 36025
Phone: (334) 285-1805 Fax: (334) 285-1808
Toll Free (877) 248-3335

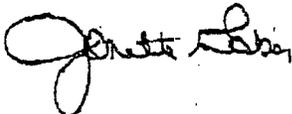
Kirkpatrick Concrete
2000A Southbridge Parkway
Suite 610
Birmingham, Alabama 35209

Dear Mr. Osterlund

This is to certify that our #100 Concrete Sand meets the requirements of ASTM C-33.

Should you need any additional information, please do not hesitate to call.

Sincerely,
Elmore Sand & Gravel, Inc.



Jonette Gober
Quality Control Manager



The Euclid Chemical Company 19218 Redwood Road Cleveland, Ohio 44110-2799
216-531-9222 • 800-321-7828 • Fax: 216-531-9596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon WR 91, meets or exceeds with the requirements of C-494, Type A. Eucon WR 91 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7828.

Sincerely,

Barb Reynolds
Manager, Technical Customer Service

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County



The Euclid Chemical Company

19218 REDWOOD ROAD - CLEVELAND, OH 44110
 (216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
 www.euclidchemical.com

EUCON WR 91

ASTM TYPE A - WATER REDUCING ADMIXTURE

CONSTRUCTION PRODUCTS FOR

VOX

A SAFER ENVIRONMENT

EUCON WR 91 is a liquid, water-reducing and plasticizing admixture for concrete. EUCON WR 91 shows improved setting and finishing characteristics when compared to other commonly used type A water reducing admixtures. EUCON WR 91 may be used at a wide range of dosage rates. EUCON WR 91 does not contain calcium chloride or other potential corrosion-enhancing ingredients.

PRIMARY APPLICATIONS

- Flatwork concrete
- General ready mix concrete
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Improves finishability
- Improves workability
- Reduces water requirement
- Reduces segregation
- Improves setting times

Hardened Concrete

- Increases strength at all ages
- Reduces permeability
- Improves finished appearance
- Reduces cracking
- Increases durability
- Non staining
- Compatible with air entraining agents

SPECIFICATIONS / COMPLIANCES

- EUCON WR 91 meets or exceeds the requirements of:
- ASTM C-494, Type A

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with reference concrete (plain mix)

| Test Age | Compressive Strength | Flexural Strength |
|----------|----------------------|-------------------|
| 3 days | 124% | 113% |
| 7 days | 119% | 108% |
| 28 days | 118% | 104% |

Setting Time Change - Initial +20 min.

Final +20 min.

Setting time will vary with dosage rate, mix design and ambient temperatures.

Dosage Rates

EUCON WR 91 is normally used at doses of 2-6 fluid oz per 100 lb (125-375 ml per 100 kg) cement. Dosage recommendations depend on the characteristics of the materials being used in the mix design.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON WR 91 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed with the concrete batch. EUCON WR 91 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PACKAGING

EUCON WR 91 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (209 liter) drums, and 5 gal (18.9 liter) pails.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON WR 91 above freezing, however, freezing and subsequent thawing will not harm the material if thoroughly agitated. Never agitate with air or an air lance.
- Add to mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL: 1-800-321-9222
INTERNATIONAL USERS CALL COLLECT: 1-813-979-4626

TRADE NAME
Euclid WR 91

CHEMICAL NAME
Lignosulfonate

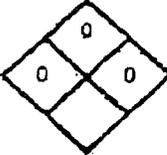
1. INGREDIENTS

| MATERIAL | CAS # | % | ACGIH(TLV) | PEL |
|------------------------|------------|-------|------------|-----|
| Calcium Lignosulfonate | 68131-32-8 | 65-70 | NE | NE |
| Sodium Gluconate | 31137-65-5 | 5-10 | NE | NE |
| Triethanolamine | 102-71-6 | 0-5 | NE | NE |

2. PHYSICAL DATA

| | | | |
|-----------------------------|---|--------------------|--------------------------------|
| APPEARANCE Brown Liquid | ODOR Slightly Ammonia | MELTPOINT NA | SPECIFIC GRAVITY 1.2 ± 0.05 |
| VAPOR DENSITY (AIR=1) NA | %VOLATILE BY WEIGHT NA | BULK DENSITY NA | BOILING POINT NA |
| VAPOR PRESSURE NA | %SOLUBILITY(H ₂ O) Complete | EVAPORATION RATE | PH 6.5-8.5 |

3. FIRE AND EXPLOSION HAZARD DATA

| | |
|---|---|
| FLASH POINT & METHOD None | NFPA FIRE HAZARD IDENTIFICATION SYSTEM  |
| FLAMMABLE LIMITS LEL None UEL None | |
| EXTINGUISHING MEDIA None | |
| SPECIAL FIRE FIGHTING PROCEDURES None | |
| UNUSUAL FIRE AND EXPLOSION HAZARDS Do not allow to dry. Product will act as an oxidizer. | |

4. PHYSIOLOGICAL EFFECTS

| | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| LD50 ORAL (INGESTION) NE | LD50 DERMAL (SKIN CONTACT) NE | LC50 (INHALATION) NE |
| PRIMARY ROUTE OF EXPOSURE Skin | | THRESHOLD LIMIT VALUE (TLV) NE |

EFFECTS OF OVEREXPOSURE

Inhalation: May cause irritation of respiratory tract.
 Eye: Liquid or mist may cause irritation.
 Skin: Liquid or mist may cause irritation.
 Ingestion: May cause G.I. irritation, nausea and cramps. Large amounts may be toxic and cause CNS effects.



THE EUCLID CHEMICAL COMPANY
 19218 REDWOOD RD
 CLEVELAND, OHIO 44110
 1-800-321-7628 OR 216-531-9222

NE - NOT ESTABLISHED
 NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air. If illness or irritation occurs, call a Physician or Poison Control Center.
 Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
 Skin: Wash area twice with soap and water. If pain, irritation or burning persists, call a Physician or Poison Control Center.
 Ingestion: Call a Physician or Poison Control Center immediately.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
 Adequate fresh air.

RESPIRATORY
 None

EYE PROTECTION
 Yes

| | |
|---------------------------------------|-------|
| PROTECTIVE GLOVES Yes (rubberized) | OTHER |
|---------------------------------------|-------|

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
 None

INCOMPATIBILITY (MATERIALS TO AVOID)
 Do not mix with other concrete admixtures.

HAZARDOUS DECOMPOSITION PRODUCTS
 May yield nitrogen oxide fumes if heated and burned.

SPECIAL SENSITIVITY
 None known

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
 Keep from freezing. Do not contaminate with other chemicals; otherwise the materials may
 acclimatize and clog equipment.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
 Small spills of up to 2 gallons, soak up with absorbent and dispose of in landfill. Wash
 area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
 Dispose of in accordance with all federal, state, and local laws and regulations.

| | |
|----------------------------------|-----------------------------------|
| PREPARED BY Jim Stark | DATE 07/01/97 |
| TELEPHONE NUMBER 216-531-9222 | SUPERSEDES MSDS DATED 07/01/96 |

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof. Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.



The Euclid Chemical Company 19216 Redwood Road Cleveland, Ohio 44110-2799
 216-531-8222 • 800-321-7628 • Fax: 216-531-8596 • www.euclidchemical.com

March 7, 2003

Kirkpatrick Concrete
 Attn: Bo
 2000A South Ridge Parkway #610
 Birmingham AL 35209

Re: Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, AEA-92, meets or exceeds Corps of Engineers Specification CRD C-13, ASTM C-260 and AASHTO M-154. This product contains 441ppm of chloride ions.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
 Manager, Technical Customer Service

STATE OF OHIO }
 COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
 STATE OF OHIO
 My Commission Expires Nov. 16, 2007
 Recorded in Cuyahoga County



The Euclid Chemical Company

19218 REDWOOD ROAD • CLEVELAND, OH 44110
 (216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
 www.euclidchemical.com

AEA-92S

AIR ENTRAINING AGENT FOR CONCRETE

CONSTRUCTION PRODUCTS FOR



A SAFER ENVIRONMENT

AEA-92S is formulated for use as an air entraining admixture for concrete of all types and is manufactured under rigid control which assures uniform and precise performance. It should be added to the mix independently and not with other admixtures.

PRIMARY APPLICATIONS

- Ready mix concrete
- Structural concrete
- Mass concrete
- Paving concrete
- All exterior concrete

FEATURES / BENEFITS

- Provides a stable air void system with proper bubble size and spacing. This air void system protects concrete against damage caused by repeated freeze/thaw cycles
- Concrete is made more resistant to de-icing salts, sulfate attack and corrosive water
- Less mixing water can be used per yard (meter) of concrete and placeability is improved
- Minimizes bleeding and segregation of the concrete

SPECIFICATIONS / COMPLIANCES

AEA-92S meets or exceeds the requirements of the following specifications:

- Corps of Engineers Specification CRD-C-13
- ASTM Specification C-260
- AASHTO Specification M-154

TECHNICAL INFORMATION

AEA-92S is an aqueous solution compound of organic chemicals. It is compatible with concrete mixes containing other commonly used Euclid Chemical Company admixtures.

Appearance

AEA-92S is an amber colored material which, when added to concrete does not change the concrete's natural appearance.

PACKAGING

AEA-92S is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

DIRECTIONS FOR USE

1/2 to 2 oz of AEA-92S/100 lb (30-120 ml of AEA-92S/100 kg) of cement will generally entrain 3% - 6% air in concrete. This amount will vary depending on type of cement, fineness of sand, addition of fly ash, temperature, design of the mix, etc. Concrete mixes must be tested regularly to confirm that the proper air content is achieved.

PRECAUTIONS / LIMITATIONS

- Consult your local Euclid Chemical representative for the proper dosage rate adjustments when using fly ash, slag or high range water reducers.
- Add to the mix independent of other admixtures.

MATERIAL SAFETY DATA

The Euclid Chemical Company • Cleveland, Ohio 44110

FOR TRANSPORTATION & SAFETY EMERGENCIES CALL 1-800-355-3924
INTERNATIONAL USERS CALL COLLECT: 1-813-979-0626

TRADE NAME
AEA-92S

CHEMICAL NAME

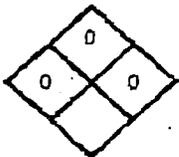
1. INGREDIENTS

| MATERIAL | CAS # | % | ACGIH(TLV) | PEL |
|---|-------|---|------------|-----|
| No ingredients identified by OSHA as hazardous are known to be present, or the ingredients present are below levels specified as hazardous by OSHA. | | | | |

2. PHYSICAL DATA

| | | | |
|-----------------------------------|--------------------------------------|--------------------|-------------------------------|
| APPEARANCE Light Yellow Liquid | ODOR None | MELTPOINT None | SPECIFIC GRAVITY 1.00-1.15 |
| VAPOR DENSITY (AIR=1) NA | %VOLATILE BY WEIGHT Varies | BULK DENSITY NA | BOILING POINT None |
| VAPOR PRESSURE NA | %SOLUBILITY(H ₂ O) 100 | EVAPORATION RATE | PH 9.5-11.5 |

3. FIRE AND EXPLOSION HAZARD DATA

| | |
|--|---|
| FLASH POINT & METHOD None | NFPA FIRE HAZARD IDENTIFICATION SYSTEM  |
| FLAMMABLE LIMITS LEL None UEL None | |
| EXTINGUISHING MEDIA None | |
| SPECIAL FIRE FIGHTING PROCEDURES None | |
| UNUSUAL FIRE AND EXPLOSION HAZARDS None | |

4. PHYSIOLOGICAL EFFECTS

| | | |
|---|----------------------------------|-----------------------------------|
| LD50 ORAL (INGESTION) NE | LD50 DERMAL (SKIN CONTACT) NE | LC50 (INHALATION) NE |
| PRIMARY ROUTE OF EXPOSURE Skin or Eye | | THRESHOLD LIMIT VALUE (TLV) NE |
| EFFECTS OF OVEREXPOSURE Inhalation: No information found to suggest any toxicity. Eye: No information found to suggest any toxicity. Skin: No information found to suggest any toxicity. Ingestion: No information found to suggest any toxicity. | | |



THE EUCLID CHEMICAL COMPANY
19218 REDWOOD RD
CLEVELAND, OHIO 44110
1-800-321-7828 OR 216-531-9222

NE - NOT ESTABLISHED
NA - NOT APPLICABLE

5. EMERGENCY AND FIRST AID PROCEDURES

Inhalation: Move to fresh air.
 Eye: Irrigate eye for 15 minutes. If pain, irritation or burning persists, seek medical attention.
 Skin: Wash area twice with soap and water. If pain, irritation or burning persists, seek medical attention.
 Ingestion: Administer milk or water. DO NOT induce vomiting. Call a Physician or Poison Control Center immediately. DO NOT give anything orally to an unconscious person.

6. U.S. D.O.T. SHIPPING DESCRIPTION

Concrete or Masonry Plasticizer/Water Reducing Agent, Liquid, NOI, Class 55

7. SPECIAL PROTECTION INFORMATION

VENTILATION
 Use with adequate ventilation.

RESPIRATORY
 None required

EYE PROTECTION
 Yes

| | |
|---------------------------------------|-------|
| PROTECTIVE GLOVES Yes (rubberized) | OTHER |
|---------------------------------------|-------|

All chemicals should be handled so as to prevent eye contact and excessive or repeated skin contact. Appropriate eye and skin protection should be employed. Inhalation of dusts and vapors should be avoided.

8. CHEMICAL REACTIVITY

CONDITIONS CAUSING INSTABILITY
 None known

INCOMPATIBILITY (MATERIALS TO AVOID)
 None known

HAZARDOUS DECOMPOSITION PRODUCTS
 Not determined

SPECIAL SENSITIVITY
 None

9. STORAGE INFORMATION

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
 Prevent leaks or spills. Floors may become slippery and hazardous.

10. SPILL, LEAK, AND DISPOSAL INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS SPILLED OR RELEASED
 Small spills of up to 2 gallons soak up with absorbent and dispose of in landfill. Wash area. Consult local sewer authority for effect on sewage treatment facility.

WASTE DISPOSAL METHOD
 Dispose of in accordance with all federal, state, and local laws and regulations.

| | |
|----------------------------------|----------------------------------|
| PREPARED BY Jim Slerk | DATE 10/20/99 |
| TELEPHONE NUMBER 216-531-9222 | SUPERSEDES MSDS DATE 10/20/99 |

The information contained herein is based on data considered accurate. However, no warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof. Additionally, vendor assumes no responsibility for injury to vendee or third persons proximately caused by abnormal use of the material even if reasonable safety procedures are followed. Furthermore, vendee assumes the risk in his use of the material.

Vendor assumes no responsibility for injury to vendee or third persons proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.



March 7, 2003

Kirkpatrick Concrete
Attn: Bo
2000A South Ridge Parkway #610
Birmingham AL 35209

Re: Admixture Certificate of Compliance

To Whom It May Concern:

The Euclid Chemical Company hereby certifies that our product, Eucon Retarder 75, meets or exceeds the requirements of ASTM C-494, Type D and AASHTO 194. Retarder 75 does not contain calcium chloride nor added chloride ions other than those normally present in water.

If you have any questions regarding this, please contact me at (800) 321-7628.

Sincerely,

Barb Reynolds
Manager, Technical Service/Product Support

STATE OF OHIO }
COUNTY OF CUYAHOGA }

Sworn to and subscribed before me, Notary Public for the State of Ohio, this seventh day of March, 2003 at Cleveland, Ohio.

JACQUELINE RAY, NOTARY PUBLIC
STATE OF OHIO
My Commission Expires Nov. 16, 2007
Recorded in Cuyahoga County



The Euclid Chemical Company

19218 REDWOOD ROAD - CLEVELAND, OH 44110
(216) 531-9222 • (800) 321-7628 • FAX (216) 531-9596
www.euclidchemical.com

EUCON RETARDER 75

◆ ◆ ◆ ◆ ◆
**CONCRETE WATER REDUCER
SET CONTROLLING RETARDER**

CONSTRUCTION PRODUCTS FOR



A SAFER ENVIRONMENT

EUCON RETARDER 75 is a synthetically produced liquid water-reducing and set retarding admixture for concrete. It is a modified organic polymer of sodium glucoheptonate. EUCON RETARDER 75 does not contain calcium chloride or other potential corroding materials, and may be used in the presence of aluminum or zinc metals.

It is compatible with air-entraining agents, waterproofers and calcium chloride, but they must be added separately to the mix.

PRIMARY APPLICATIONS

- Prestressed concrete
- Concrete requiring water reducing and set time control
- Architectural concrete

FEATURES / BENEFITS

Plastic Concrete

- Controls rate of set
- Improves finishability
- Improves workability
- Reduces water requirements
- Reduces segregation

Hardened Concrete

- Increases strengths
- Improves finished appearance
- Reduces cracking
- Reduces permeability
- Non staining

SPECIFICATIONS / COMPLIANCES

EUCON RETARDER 75 meets or exceeds the requirements of:

- ASTM C-494, Type D.

PACKAGING

EUCON RETARDER 75 is packaged in bulk, 275 gal (1041 liter) totes, 55 gal (208 liter) drums and 5 gal (18.9 liter) pails.

TECHNICAL INFORMATION

Typical Engineering Data

Strength Results

Compared with Reference Concrete (Plain Mix)

| Test Date | Compressive Strength | Flexural Strength |
|-----------|----------------------|-------------------|
| 3 days | 123% | 100.4% |
| 7 days | 112% | 100.4% |
| 28 days | 111% | 101.7% |
| 1 year | 113% | --- |

Setting Time Change-Initial +2 hr 24 min
Final +3 hr 3 min

Relative Durability Factor: 96.7%

Dosage Rates

| Air or Concrete Temperature | Dosage per 100 lb (100 kg) Cement |
|-----------------------------|-----------------------------------|
| 40°-69°F (4°-21°C) | 2 oz (125 ml) min. |
| 70°-79°F (21°-26°C) | 3 oz (190 ml) |
| 80°-89°F (27°-32°C) | 4 oz (250 ml) |
| 90°F + (32°C) | 5 oz (315 ml) max.* |

*For higher dosage rates, contact The Euclid Chemical Company for recommendations.

Shelf life is 1 year in original, unopened package.

DIRECTIONS FOR USE

EUCON RETARDER 75 should be added to the sand or water. It should not come in contact with dry cement or other admixtures until they are mixed in the concrete batch. EUCON RETARDER 75 is dispensed with automatic equipment, thus insuring uniformity of admixture use throughout the job.

PRECAUTIONS / LIMITATIONS

- Care should be taken to maintain EUCON RETARDER 75 above freezing; however, freezing and subsequent thawing will not harm the material if thoroughly agitated.
- Add to mix independent of other admixtures.



OSHA 174-201-01-001
May be used to comply with
OSHA's Hazard Communication Standard,
29 CFR 1910.1200. Standard must be
consulted for specific requirements.

Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072

IDENTITY (As Used on Label and List)
READY MIXED CONCRETE

Note: Blank spaces are not permitted. If any item is not applicable, or no
information is available, the space must be marked to indicate that.

Section I

| | |
|--|---|
| Manufacturer's Name Kirkpatrick Concrete | Emergency Telephone Number 205-323-8327 |
| Address (Number, Street, City, State, and ZIP Code) 2909 3rd ave north Bham AL 35203 | Telephone Number for Information 205-323-8327 |
| | Date Prepared 2-17-95 |
| | Signature of Preparer (optional) |

Section II — Hazardous Ingredients/Identity Information

| Hazardous Components (Specific Chemical Identity; Common Name(s)) | OSHA PEL NA | ACGIH TLV NA | Other Limits Recommended | % (optional) |
|---|-------------|--------------|--------------------------|--------------|
| Mixtures of Portland or blended cements, concrete aggregates and chemical admixtures | | | | |
| Portland and Blended Cements | | | | |
| 3CaO-SiO2 (CAS #12168-85-3) | | | | |
| 2CaO-SiO2 (CAS # 10034-77-2) | | | | |
| 3CaO-Al2O2 (CAS # 23042-78-3) | | | | |
| 4CaO-Al2O3-Fe2O3 (CAS # 12068-35-8) | | | | |
| CaSO4-2H2O (CAS # 7778-18-9) | | | | |
| plus traces of CaO, MgO, K2SO4, and Na2SO4 | | | | |
| other ingredients, Concrete Aggregates, Inert gravel, sand and rocks | | | | |
| Admixtures, May include fly ash, granulated slag and very small | | | | |
| amounts of organic and inorganic materials which have no effect on the | | | | |
| hazards associated with the use of the product. | | | | |

Section III — Physical/Chemical Characteristics

| | | | |
|-------------------------|---|---|----|
| Boiling Point | | Specific Gravity (H ₂ O = 1) | NA |
| Vapor Pressure (mm Hg.) | NA | Melting Point | NA |
| Vapor Density (AIR = 1) | NA | Evaporation Rate (Butyl Acetate = 1) | NA |
| Solubility in Water | slight (0.01 to 1%) | | |
| Appearance and Odor | Gray, elastic, flowable, granular and odorless | | |

Section IV — Fire and Explosion Hazard Data

| | | | | | |
|------------------------------------|------|------------------|----|-----|-----|
| Flash Point (Method Used) | NA | Flammable Limits | NA | LEL | UEL |
| Extinguishing Media | NA | | | NA | NA |
| Special Fire Fighting Procedures | NA | | | | |
| Unusual Fire and Explosion Hazards | NONE | | | | |

| | | |
|--------|----|--|
| Stable | X. | However product stiffens and hardens in 2 to 8 hours |
|--------|----|--|

Incompatibility (Materials to Avoid) None

Hazardous Decomposition or Byproducts None

| | | |
|--------------------------|----------------|--------------------|
| Hazardous Polymerization | May Occur | Conditions Covered |
| | Will Not Occur | |

Section VI — Health Hazard Data

Route(s) of Entry: Inhalation? No Skin? Ingestion? No

Health Hazards (Acute and Chronic) Acute—wet plastic, unhardened concrete, can dry the skin and cause alkali burns (cement dermatitis) Chronic—Hypersensitive individuals

may develop an allergic dermatitis. Cement may contain trace amounts of chromium
 Carcinogenicity: NTP? NO IARC Monographs? NO OSHA Regulated? NO

Signs and Symptoms of Exposure Irritation of skin and burning sensation particularly when exposure is in an area of skin previously subjected to abrasion or irritation.

Medical Conditions Generally Aggravated by Exposure None known

Emergency and First Aid Procedures Irrigate eyes with water, wash exposed areas of the body with soap and water.

Section VII — Precautions for Safe Handling and Use
 Steps to Be Taken in Case Material is Released or Spilled spill does not increase hazard

Waste Disposal Method material can be retained until it hardens when it can be disposed of as common waste.

Precautions to Be Taken in Handling and Storing Use barrier creams, gloves, boots and clothing protect the skin from prolonged contact with plastic concrete. Eye protection not required
 Other Precautions Precautions must be observed because cement burns occur with

Section VIII — Control Measures

Respiratory Protection (Specify Type) not required

| | | |
|-------------|----------------------|---------|
| Ventilation | Local Exhaust | Special |
| | Mechanical (General) | Other |

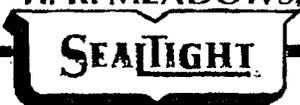
Protective Gloves See VII Eye Protection See VII

Other Protective Clothing or Equipment See VII

Sanitary/Hygiene Practices See VII


**PRODUCT
DATA**

W. R. MEADOWS.


SEAIGHT

CSI Code: 03050

No. 373

NOVEMBER 2003
(Supersedes October 2002)**1600-WHITE SERIES****Water-Base, Wax-Base Concrete Curing Compounds****DESCRIPTION**

The 1600-WHITE SERIES, Water-Base, White-Pigmented Concrete Curing Compounds are wax-base dispersions, with selected white pigments. When properly applied, they provide an impermeable film, which optimizes water retention. The white pigment reflects the sun's rays to help keep the concrete surface cooler and prevent excessive heat build-up.

The 1600-WHITE SERIES meets maximum VOC content limits of 350 g/L for Concrete Curing Compounds as required by the U.S. EPA Architectural Coatings Rule. The 1600-WHITE SERIES Concrete Curing Compounds have a substantially lower Volatile Organic Compound (VOC) content than the 350 grams per liter allowed by the above noted rule.

USES

The 1600-WHITE SERIES is ideal for application on exterior, horizontal surfaces such as highways, airports, street and curb paving — for excellent curing when protection from the sun's heat is desired.

PHYSICAL PROPERTIES

DRYING TIME: Depends on weather conditions and coverage, but will generally dry in 1 hour.

Restrict foot traffic for at least 4 hours.

FLASH POINT: Greater than 212°F (100°C).

COVERAGE

Approximately 200 sq. ft./gal. (4.91 sq. m/L).

PACKAGING

5 gallon (18.93 liter) Pails

55 gallon (208.20 liter) Drums

SPECIFICATIONS

- ASTM C 309, Type 2, Class A
- AASHTO M 148, Type 2, Class A
- FAA Spec. Item P-610-2.11 (e)

FEATURES AND BENEFITS

- When properly applied, it provides an impermeable film, which optimizes water retention
- Protects by reflecting the sun's rays to keep the concrete surface cooler and prevent excessive heat build-up, which can cause thermal cracking
- Furnished as a ready-to-use, true water-base compound
- Produces hard, dense concrete... minimizes hair-checking, thermal cracking, dusting and other defects
- Enhances the functional capabilities of concrete by "sealing-in" the performance assets of strength and long-life
- Offers a compressive strength significantly greater than improperly cured concrete
- Increases tensile strength for greater resistance to cracking and surface crazing
- Improves resistance to abrasion and corrosive action of salts and chemicals...minimizes shrinkage
- Applies quickly and easily with conventional, commercial spray equipment
- VOC compliant...actual VOC content is less than 100 g/L

*CONTINUED ON REVERSE SIDE...***W.R. MEADOWS, INC.**

P.O. Box 338 • HAMPSHIRE, IL 60140-0338

Phone: 847/214-2100 • Fax: 847/683-4544

1-800-342-5976

www.wrmeadows.com

HAMPSHIRE, IL / CARTERSVILLE, GA
YORK, PA / FORT WORTH, TX / BENICIA, CA
POMONA, CA / GOODYEAR, AZ / MILTON, ONT.

Application Tools



Manual
Sprayer



Power
Sprayer



Paving
Train

APPLICATION

Preparation. Application equipment must be clean and free of any previously used materials.

Mixing. Any settling or separation in the container must be re-dispersed with gentle agitation prior to use. **CAUTION: DO NOT MIX EXCESSIVELY.**

Application Method. Spray on in one even coat with a hand or power sprayer as soon as the surface water disappears from horizontal concrete surfaces. On vertical surfaces, spray promptly after forms are removed. Use a Chapin 8005 (or equivalent) spray tip that produces a flow of 1/2 gallon (1.89 liters) per minute under 40 psi (.276 MPa) of pressure.

Clean up. Prior to drying, equipment may be easily cleaned with soap and water. Once dried, use mineral spirits or other suitable petroleum distillate.

PRECAUTIONS

KEEP FROM FREEZING. Do not apply when the temperature of the concrete is less than 40°F (4°C). **DO NOT MIX WITH COMPOUNDS CONTAINING SOLVENT-SEPARATION WILL OCCUR. DO NOT ADD OR DILUTE WITH ANY OTHER COMPOUND.** Do not use on surfaces that are later to be painted, tiled, hardened, sealed or treated in any manner. Do not use on patios, sidewalks or other areas where there is typically no wheel traffic to abrade the white film surface. Not recommended for use on residential driveways.

HEALTH HAZARDS

Direct contact may result in mild irritation. Refer to the Material Safety Data Sheet for complete health and safety information.

FOR THE MOST CURRENT PRODUCT INFORMATION, VISIT OUR WEBSITE:

www.wrmeadows.com



LIMITED WARRANTY

"W.R. MEADOWS, INC. warrants at the time and place we make shipment, our material will be of good quality and will conform with our published specifications in force on the date of acceptance of the order. Read complete warranty." Copy furnished upon request.

Disclaimer

The information contained herein is included for illustrative purposes only, and to the best of our knowledge, is accurate and reliable. W.R. MEADOWS, INC. cannot however under any circumstances make any guarantee of results or assume any obligation or liability in connection with the use of this information. As W.R. MEADOWS, INC. has no control over the use to which others may put its product, it is recommended that the products be tested to determine if suitable for specific application and/or our information is valid in a particular circumstance. Responsibility remains with the architect or engineer, contractor and owner for the design, application and proper installation of each product. Specifier and user shall determine the suitability of products for specific application and assume all responsibilities in connection therewith.

Chemical/Environmental Resistance

XR-5® Fluid Resistance Guidelines

The data below is the result of laboratory tests and is intended to serve only as a guide. No performance warranty is intended or implied. The degree of chemical attack on any material is governed by the conditions under which it is exposed. Exposure time, temperature, and size of the area of exposure usually varies considerably in application, therefore, this table is given and accepted at the user's risk. Confirmation of the validity and suitability in specific cases should be obtained.

When considering XR-5 for specific applications, it is suggested that a sample be tested in actual service before specification. Where impractical, tests should be devised which simulate actual service conditions as closely as possible.

| EXPOSURE | RATING | EXPOSURE | RATING |
|------------------------------------|--------|---------------------------|--------|
| AFFF | A | JP-4 Jet Fuel | A |
| Acetic Acid (5%) | B | JP-5 Jet Fuel | A |
| Acetic Acid (50%) | C | JP-8 Jet Fuel | A |
| Ammonium Phosphate | T | Kerosene | A |
| Ammonium Sulfate | T | Magnesium Chloride | T |
| Antifreeze (ethylene glycol) | A | Magnesium Hydroxide | T |
| Animal Oil | A | Methanol | A |
| Aqua Regia | X | Methyl Alcohol | A |
| ASTM Fuel A (100% Iso-octane) | A | Methyl Ethyl Ketone | X |
| ASTM Oil #2 (Flash pt. 240° C) | A | Mineral Spirits | A |
| ASTM Oil #3 | A | Naphtha | A |
| Benzene | X | Nitric Acid (5%) | B |
| Calcium Chloride Solutions | T | Nitric Acid (50%) | C |
| Calcium Hydroxide | T | Perchloroethylene | C |
| 20% Chlorine Solution | A | Phenol | X |
| Clorox | A | Phenol Formaldehyde | B |
| Conc. Ammonium Hydroxide | A | Phosphoric Acid (50%) | A |
| Corn Oil | A | Phosphoric Acid (100%) | C |
| Crude Oil | A | Phthalate Plasticizer | C |
| Diesel Fuel | A | Potassium Chloride | T |
| Ethanol | A | Potassium Sulphate | T |
| Ethyl Acetate | C | Raw Linseed Oil | A |
| Ethyl Alcohol | A | SAE-30 Oil | A |
| Fertilizer Solution | A | Salt Water (25%) | B |
| #2 Fuel Oil | A | Sea Water | A |
| #6 Fuel Oil | A | Sodium Acetate Solutions | T |
| Furfural | X | Sodium Bisulfite Solution | T |
| Gasoline | B | Sodium Hydroxide (60%) | A |
| Glycerin | A | Sodium Phosphate | T |
| Hydraulic Fluid- Petroleum Based | A | Sulphuric Acid (50%) | A |
| Hydraulic Fluid- Phosphate | | 50% Tartaric Acid | A |
| Ester Based | C | Toluene | C |
| Hydrocarbon Type II (40% Aromatic) | C | Transformer Oil | A |
| Hydrochloric Acid (50%) | A | Turpentine | A |
| Hydrofluoric Acid (5%) | A | Urea Formaldehyde | A |
| Hydrofluoric Acid (50%) | A | UAN | A |
| Hydrofluosilicic Acid (30%) | A | Vegetable Oil | A |
| Isopropyl Alcohol | T | Water (200°F) | A |
| Ivory Soap | A | Xylene | X |
| Jet A | A | Zinc Chloride | T |

Ratings are based on visual and physical examination of samples after removal from the test chemical after the samples of Black XR-5 were immersed for 28 days at room temperature. Results represent ability of material to retain its performance properties when in contact with the indicated chemical.

Rating Key:

- A - Fluid has little or no effect
- B - Fluid has minor to moderate effect
- C - Fluid has severe effect
- T - No data- likely to be acceptable
- X - No data- not likely to be acceptable



RUBBER EXPANSION JOINT MATERIAL
 Meets or exceeds the performance requirements of ASTM D1751-97 & D1752-84
 Manufactured by
THE J D RUSSELL COMPANY

CONCRETE JOINT FILLER

REFLEX® is made of 100% recycled materials – largely discarded tires!

Did you know America discards over 250,000,000 tires every year? An estimated 3 billion tires clutter our dumps and yards! Why not specify a better performer, REFLEX®, and make the choice to help our environment?

Use REFLEX® on your next single family residence project and consume the equivalent of 8.3 passenger tires. As many as 300 tires can be recycled in just one mile of highway including associated drives, approaches, sidewalks and ramps.

GENERAL DESCRIPTION

REFLEX® Rubber Expansion Joint Material for Concrete is a processed board product formed by blending granular crumb rubber derived from discarded tires and various low density polymer components. Pre-molded under heat and pressure, REFLEX® is far more durable than current alternatives.

TYPICAL PROPERTIES

| | |
|---|------------------------|
| Compression (to 50% of original) | passes |
| Recovery (within 10 minutes) | 99-100% |
| Extrusion | <0.10 inch |
| Density | 40 lbs/ft ³ |
| Water absorption | <2% |
| Ultraviolet light exposure | passes |
| Cold temperature exposure | passed@-80degreesF |

REFLEX RUBBER

APPLICATIONS

REFLEX® Rubber Expansion Joint Material is suitable for use as expansion or control joint in a wide variety of concrete construction projects such as roadways, sidewalks, driveways, flooring, parking lots, patios and curbs.

Submersion in salt solution, gasoline, diesel and motor oil resulted in no change in volume while mass increased indicating absorption of the fluids. No cracking or mechanical degradation occurred.

Durability: Exhibits favorable long term aging characteristics under laboratory testing conditions and will not degrade.

SIZE AND THICKNESSES

Standard Sheet Sizes – 36" wide by 5', 10' and 12' long in thicknesses of 1/4", 3/8", 1/2" 3/4" and 1". Cut to size strips from 2" to 36" in 1/2" increments.

Non-Staining: Will not bleed or migrate to adjacent finished concrete surfaces like petroleum based products can do.

SPECIFICATION STANDARDS: REFLEX® Rubber Expansion Joint meets or exceeds the performance requirements of:

American Association of State Highway and Transportation Officials Specification M-213-95 and M-153-98.

Federal Specification HH-F-341f, Type 1.

American Society for Testing Materials Standard Specifications for Preformed Expansion Joint Fillers for Concrete Paving and Structural Construction D1751-97 and D1752-84 (1996).

PUT AN END TO TIRE HEAPS



Reflex



www.reflexrubber.com



www.jdrussellco.com



DOT APPROVALS

SALES

TECH SPECS

SPEC INSERTS

MSDS

[\[Warranty\]](#) [\[Delivery Terms and Conditions\]](#) [\[Homepage\]](#)

CONSTRUCTION PRODUCTS: [\[Conflex\]](#) [\[Homex 300\]](#) [\[Reflex\]](#) [\[Asphalt D-994\]](#) [\[Neoprene & Foam\]](#) [\[Cork\]](#)
[\[Anchor Bolts\]](#) [\[Bar Ties & Tie Wire\]](#) [\[Masonry Wall Ties\]](#) [\[Metal Screed Joint\]](#) [\[Nail Stakes & Form Pins\]](#)
[\[Plastic Keyway\]](#) [\[PVC Speedy Joint\]](#) [\[PVC Void Cap\]](#) [\[Polyethylene Sheeting\]](#) [\[Reinforcing Bar\]](#) [\[Rubber Utility Tiles\]](#) [\[Silt Fence\]](#) [\[Wire Mesh\]](#)

LANDSCAPE PRODUCTS: [\[Duraedge\]](#) [\[Duralum\]](#) [\[Duraroll\]](#) [\[Polyethylene Sheeting\]](#)

Wire mesh

Certificate of Inspection and compliance
C.E. Shepherd Company, L.P.
Houston, TX. U.S.A.

Work Order#: 218167

Customer: TAYLOR CORPORATION

Customer Purchase Order #: TOMMY Date:
8/3/04

We certify that the material or parts supplied by us on the above referenced purchase order conforms fully to the specifications stipulated in the order. Compliance for quality assurance has been determined by testing and inspection in accordance with the required specifications, and results conform to applicable acceptance criteria.

X: *Randy White* Date: 8/3/04

C.E. SHEPHERD Co., L.P. Representation

SHERMAN WIRE OF CALDWELL, INC.
P O BOX 879 CALDWELL, TX 77836, 979-567-7916

CERTIFIED TEST REPORT

| CUSTOMER: C.E. Shepherd | | | | DATE: | | | |
|--------------------------------|------------|----------|-------------|---------------------|---------|----------------|-------------|
| P.O. NUMBER: 701328 | | | | B L NO: | | | |
| DESCRIPTION: 12 c/s | | | | ANNEAL BATCH NO: | | | |
| ROD GRADE: c-1008 | | | | ROD TENSILE: | | | |
| SPECIFICATIONS: a-641 | | | | BRITE WIRE TENSILE: | | | |
| TAG NUMBER | WEIGHT LBS | SIZE IN. | BRK STR LBS | TENSILE PSI | ELONG % | CTG WGT OZ/FT2 | HEAT NUMBER |
| MINIMUM | | | | | | | |
| NOMINAL | | | | | | | |
| MAXIMUM | | | | | | | |
| 1 | 889102 | 970 | 0.104 | 79,311 | | 1 | 22180 |
| 2 | 889148 | 950 | 0.104 | 75,665 | | 0.98 | 22180 |
| 3 | 889147 | 1,054 | 0.104 | 75,113 | | 0.95 | 22180 |
| 4 | 889146 | 921 | 0.104 | 75,322 | | 0.94 | 22180 |
| 5 | 889099 | 1,250 | 0.105 | 83,968 | | 0.92 | 22180 |
| 6 | 889127 | 831 | 0.105 | 75,914 | | 0.81 | 22499 |
| 7 | 889128 | 1,079 | 0.104 | 75,638 | | 0.82 | 22499 |
| 8 | 889105 | 1,038 | 0.104 | 75,811 | | 0.94 | 22499 |
| 9 | 889106 | 1,110 | 0.104 | 75,399 | | 0.9 | 22499 |
| 10 | 889107 | 1,056 | 0.105 | 75,759 | | 0.87 | 22499 |
| 11 | 889108 | 1,031 | 0.105 | 75,874 | | 1 | 22499 |
| 12 | 889026 | 918 | 0.106 | 75,809 | | 0.81 | 22618 |
| 13 | 889023 | 912 | 0.105 | 89,561 | | 0.81 | 22618 |
| 14 | 889025 | 1,041 | 0.105 | 75,111 | | 1 | 22618 |
| 15 | 889053 | 1,047 | 0.104 | 75,555 | | 1 | 22180 |
| 16 | 889056 | 925 | 0.104 | 75,431 | | 0.98 | 22180 |
| 17 | 889052 | 857 | 0.104 | 75,661 | | 0.98 | 22180 |
| 18 | 889058 | 913 | 0.104 | 89,592 | | 1 | 22618 |
| 19 | 889075 | 734 | 0.105 | 76,345 | | 1.1 | 22618 |
| 20 | 889073 | 852 | 0.105 | 75,145 | | 0.96 | 22618 |
| 21 | 889074 | 851 | 0.105 | 75,795 | | 0.81 | 22618 |
| 22 | 889086 | 1,058 | 0.106 | 78,989 | | 0.91 | 22618 |
| 23 | 889087 | 917 | 0.105 | 75,227 | | 1 | 22618 |
| 24 | 889104 | 670 | 0.104 | 75,665 | | 0.96 | 22180 |
| 25 | 889101 | 990 | 0.104 | 75,665 | | 0.98 | 22180 |
| 26 | 889100 | 997 | 0.104 | 75,421 | | 0.95 | 22180 |
| 27 | 889130 | 1,049 | 0.105 | 75,604 | | 0.8 | 22499 |
| 28 | 889129 | 1,102 | 0.106 | 75,936 | | 0.94 | 22499 |
| 29 | 889061 | 906 | 0.106 | 89,661 | | 1.1 | 22618 |
| 30 | 889060 | 830 | 0.106 | 85,902 | | 1 | 22618 |
| 31 | 889057 | 774 | 0.105 | 75,455 | | 0.84 | 22618 |
| 32 | 888988 | 986 | 0.105 | 89,284 | | 1.1 | 22618 |
| 33 | 889054 | 874 | 0.104 | 75,423 | | 0.98 | 22180 |
| 34 | 889055 | 1,041 | 0.104 | 75,231 | | 0.96 | 22180 |
| 35 | 888942 | 868 | 0.104 | 75,518 | | 0.98 | 22618 |
| 36 | 888938 | 875 | 0.104 | 75,333 | | 0.96 | 22180 |
| 37 | 888989 | 816 | 0.104 | 78,172 | | 1 | 22618 |
| 38 | 889016 | 883 | 0.106 | 90,761 | | 0.96 | 22618 |
| 39 | 889003 | 986 | 0.104 | 76,053 | | 0.91 | 22618 |
| 40 | 888981 | 889 | 0.104 | 75,445 | | 0.95 | 22180 |

TOTAL WT 37,851

We hereby certify that the above test results are representative of those contained in the records of the company and were obtained using methods consistent with the requirements of applicable specifications. The above products are manufactured in the U.S.A. from rod melted and manufactured in the U.S.A.

Certified by: Dana Mandey

**Monsanto - 11th Street Ditch Response Action Project
Concrete Testing**

| Date: | Ticket #: | Specimen #: | Days: | %: | Strength: |
|--------------|--------------------|--------------------|--------------|-----------|------------------|
| 08/23/04 | 1705/795341 | C06451-0001A | 7 | 102 | 4,068.00 |
| 08/23/04 | 1705/795341 | C06451-0001B | 28 | 128 | 5,129.00 |
| 08/23/04 | 1705/795341 | C06451-0001C | 28 | 129 | 5,164.00 |
| 08/23/04 | 1705/795345 | C06452-0002A | 7 | 97 | 3,891.00 |
| 08/23/04 | 1705/795345 | C06452-0002B | 28 | 124 | 4,952.00 |
| 08/23/04 | 1705/795345 | C06452-0002C | 28 | 123 | 4,917.00 |
| 08/24/04 | 1599/795359/100535 | C06453-0003A | 7 | 111 | 4,457.00 |
| 08/24/04 | 1599/795359/100535 | C06453-0003B | 28 | 124 | 4,952.00 |
| 08/24/04 | 1599/795359/100535 | C06453-0003C | 28 | 125 | 4,988.00 |
| 09/03/04 | 599/795437 | C06474-0004A | 7 | 113 | 4,528.00 |
| 09/03/04 | 599/795437 | C06474-0004B | 28 | 142 | 5,660.00 |
| 09/09/04 | 1705/795449 | C06481-0005A | 7 | 103 | 4,103.00 |
| 09/09/04 | 1705/795449 | C06481-0005B | 28 | 112 | 4,492.00 |
| 09/10/04 | N/A | C06489-0006A | 7 | 80 | 3,184.00 |
| 09/10/04 | N/A | C06489-0006B | 28 | 119 | 4,775.00 |
| 09/13/04 | 1597/795472 | C06501-0007A | 7 | 97 | 3,891.00 |
| 09/13/04 | 1597/795472 | C06501-0007B | 28 | 119 | 4,775.00 |
| 09/20/04 | 1597/827245 | C06509-0008A | 7 | 99 | 3,962.00 |
| 09/20/04 | 1597/827245 | C06509-0008B | 28 | 124 | 4,952.00 |
| 09/28/04 | 1597/827315 | C06524-0009A | 7 | 84 | 3,360.00 |
| 09/28/04 | 1597/827315 | C06524-0009B | 28 | 106 | 4,245.00 |
| 10/04/04 | 1597/827352 | C06542-0010A | 7 | 71 | 2,830.00 |
| 10/04/04 | 1597/827352 | C06542-0010B | 28 | 107 | 4,280.00 |
| 10/12/04 | 1597/827402 | C06575-0011A | 7 | 74 | 2,971.00 |
| 10/12/04 | 1597/827402 | C06575-0011B | 28 | 104 | 4,174.00 |
| 10/18/04 | 1597/827461 | C06613-0012A | 7 | 102 | 4,068.00 |
| 10/18/04 | 1597/827461 | C06613-0012B | 28 | 111 | 4,422.00 |
| 10/21/04 | 1705/827476 | C06615-0013A | 7 | 71 | 2,830.00 |
| 10/21/04 | 1705/827476 | C06615-0013B | 28 | 88 | 3,537.00 |
| 10/21/04 | 1705/827476 | C06615-0013C | 56 | 107 | 4,280.00 |
| 10/22/04 | 1705/827488 | C06617-0014A | 7 | 75 | 3,007.00 |
| 10/22/04 | 1705/827488 | C06617-0014B | 28 | 103 | 4,103.00 |
| 10/25/04 | 1364/827508 | C06625-0015A | 7 | 66 | 2,653.00 |
| 10/25/04 | 1364/827508 | C06625-0015B | 28 | 85 | 3,396.00 |
| 10/25/04 | 1364/827508 | C06625-0015C | 56 | 87 | 3,467.00 |
| 10/26/04 | 1705/827520 | C06626-0016A | 7 | 73 | 2,936.00 |
| 10/26/04 | 1705/827520 | C06626-0016B | 28 | 80 | 3,184.00 |
| 10/26/04 | 1705/827520 | C06626-0016C | 56 | 82 | 3,290.00 |
| 10/27/04 | 1364/827535 | C06633-0017A | 7 | 53 | 2,122.00 |
| 10/27/04 | 1364/827535 | C06633-0017B | 14 | 71 | 2,830.00 |

**Monsanto - 11th Street Ditch Response Action Project
Concrete Testing**

| | | | | | |
|----------|-------------|--------------|----|-----|----------|
| 10/27/04 | 1364/827535 | C06633-017C | 28 | 91 | 3,643.00 |
| 10/29/04 | 1599/827579 | C06645-0018A | 7 | 57 | 2,299.00 |
| 10/29/04 | 1599/827579 | C06645-0018B | 14 | 69 | 2,759.00 |
| 10/29/04 | 1599/827579 | C06645-0018C | 28 | 75 | 3,007.00 |
| 11/08/04 | 1703/795553 | C06659-0019A | 7 | 104 | 4,174.00 |
| 11/08/04 | 1703/795553 | C06659-0019B | 28 | 125 | 4,988.00 |
| 11/10/04 | 1703/827606 | C06664-0020A | 7 | 102 | 4,068.00 |
| 11/10/04 | 1703/827606 | C06664-0020B | 28 | 126 | 5,023.00 |
| 11/15/04 | 827645/1364 | C06675-0021A | 7 | 66 | 2,653.00 |
| 11/15/04 | 827645/1364 | C06675-0021B | 28 | 127 | 5,094.00 |
| 11/16/04 | 1165/827652 | C06683-0022A | 7 | 66 | 2,653.00 |
| 11/16/04 | 1165/827652 | C06683-0022B | 28 | 109 | 4,351.00 |
| 11/17/04 | 1599/827665 | C06693-0023A | 7 | 88 | 3,537.00 |
| 11/17/04 | 1599/827665 | C06693-0023B | 28 | 113 | 4,528.00 |
| 11/18/04 | 1703/827680 | C06694-0024A | 7 | 117 | 4,669.00 |
| 11/18/04 | 1703/827680 | C06694-0024B | 28 | 134 | 5,377.00 |
| 11/19/04 | 1597/827694 | C06702-0025A | 7 | 108 | 4,316.00 |
| 11/19/04 | 1597/827694 | C06702-0025B | 28 | 131 | 5,235.00 |

| Panel #: | Station #: | Average PSI of 3 Cores: |
|----------|------------|-------------------------|
| #1 | 19+95 | 4,285.00 |
| | 20+05 | |
| | 20+30 | |
| #2 | 18+50 | 3,351.00 |
| | 18+30 | |
| | 18+10 | |
| #3 | 10+80 | 6,266.00 |
| | 10+40 | |
| | 9+90 | |

✓
✓
✓

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL C-2

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/795341

Batch time: 7:54 AM

Time In Mixer: 48 MINUTES

Mix No. : 994013

Concrete Temp: 91 DEGREES

Weather: CLOUDY 80 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Sample Date: 08/23/2004

Set No. : 1 of 4 specimen(s)

Slump: .5"

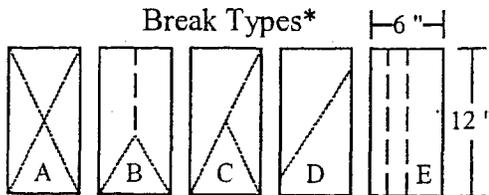
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 24 GALLONS

Batch Size: 8 OF 24 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06451-0001A | 7 | 08/30/2004 | 115,000 | 28.27 | 4,068 | 102 | A |
| C06451-0001B | 28 | 09/20/2004 | 145,000 | 28.27 | 5,129 | 128 | A |
| C06451-0001C | 28 | 09/20/2004 | 146,000 | 28.27 | 5,164 | 129 | A |
| C06451-0001D | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

Placement Location: CANAL C-2

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/795345

Batch time: 10:00 AM

Time In Mixer: 60 MINUTES

Mix No. : 994013

Concrete Temp: 91 DEGREES

Weather: CLOUDY 84 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 8/24/04.

Sample Date: 08/23/2004

Set No. : 2 of 4 specimen(s)

Slump: 3"

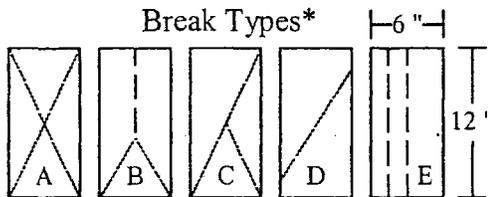
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 15 GALLONS

Batch Size: 24 OF 24 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06452-0002A | 7 | 08/30/2004 | 110,000 | 28.27 | 3,891 | 97 | A |
| C06452-0002B | 28 | 09/20/2004 | 140,000 | 28.27 | 4,952 | 124 | A |
| C06452-0002C | 28 | 09/20/2004 | 139,000 | 28.27 | 4,917 | 123 | A |
| C06452-0002D | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: C-SECTION 4 + 25

Sampled By: GALLET-TCHEATWOOD

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1599/795359/100535

Batch time: 9:25 AM

Time In Mixer: N/A

Mix No. : 994013

Concrete Temp: 94 DEGREES

Weather: CLOUDY 84 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 8/25/04.

Sample Date: 08/24/2004

Set No. : 1 of 4 specimen(s)

Slump: 1.0"

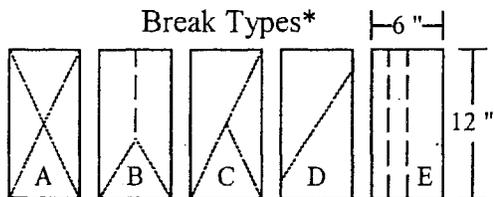
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 8 OF 40 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06453-0003A | 7 | 08/31/2004 | 126,000 | 28.27 | 4,457 | 111 | A |
| C06453-0003B | 28 | 09/21/2004 | 140,000 | 28.27 | 4,952 | 124 | A |
| C06453-0003C | 28 | 09/21/2004 | 141,000 | 28.27 | 4,988 | 125 | A |
| C06453-0003D | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: D2 DITCH - ST 0 + 90

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 599/795437

Batch time: 10:00 AM

Time In Mixer: 80 MINUTES

Mix No. : 994013

Concrete Temp: 89 DEGREES

Weather: CLEAR 85 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/04/04.

Sample Date: 09/03/2004

Set No. : 1 of 3 specimen(s)

Slump: 1.5"

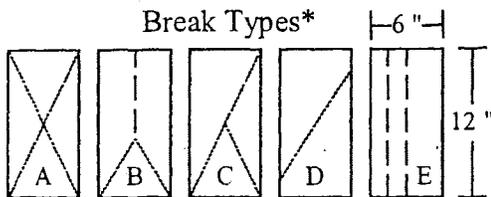
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 24 OF 24 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06474-0004A | 7 | 09/10/2004 | 128,000 | 28.27 | 4,528 | 113 | A |
| C06474-0004B | 28 | 10/01/2004 | 160,000 | 28.27 | 5,660 | 142 | A |
| C06474-0004C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 09/09/2004

Truck/Ticket: 1705/795449

Set No. : 1 of 3 specimen(s)

Batch time: 11:13 AM

Slump: 2.5"

Time In Mixer: 50 MINUTES

Entrained Air: N/A

Mix No. : 994013

Design Strength: 4000 psi

Concrete Temp: 90 DEGREES

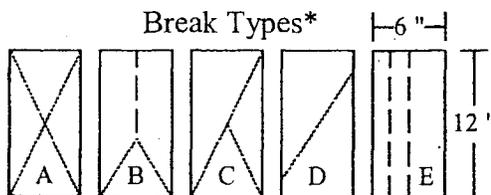
Water Add on-site: NONE

Weather: CLEAR 85 DEGREES

Batch Size: 64 OF 64 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 9/10/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06481-0005A | 7 | 09/16/2004 | 116,000 | 28.27 | 4,103 | 103 | A |
| C06481-0005B | 28 | 10/07/2004 | 127,000 | 28.27 | 4,492 | 112 | A |
| C06481-0005C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location:

Sampled By: CONTRACTOR

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: N/A

Batch time:

Time In Mixer: N/A

Mix No. : N/A

Concrete Temp: N/A

Weather: N/A

Sample Date: 09/10/2004

Set No. : 1 of 3 specimen(s)

Slump: 4"

Entrained Air: N/A

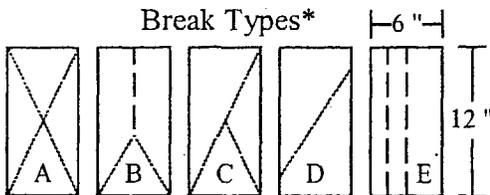
Design Strength: 4000 psi

Water Add on-site: N/A

Batch Size: N/A

Remarks: Picked up by Gallet & Associates, Inc. on 9/11/04. INFORMATION PROVIDED BY CONTACTOR.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06489-0006A | 7 | 09/17/2004 | 90,000 | 28.27 | 3,184 | 80 | A |
| C06489-0006B | 28 | 10/08/2004 | 135,000 | 28.27 | 4,775 | 119 | A |
| C06489-0006C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
Todd Cheatwood
Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: B-DITCH; STA 5 + 00

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1597/795472

Batch time: 7:55 AM

Time In Mixer: 1 HOUR 40 MINUTES

Mix No. : 994013

Concrete Temp: 87 DEGREES

Weather: CLOUDY 74 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/14/04.

Sample Date: 09/13/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

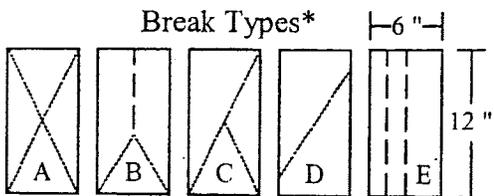
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 24 OF 64 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06501-0007A | 7 | 09/20/2004 | 110,000 | 28.27 | 3,891 | 97 | A |
| C06501-0007B | 28 | 10/11/2004 | 135,000 | 28.27 | 4,775 | 119 | A |
| C06501-0007C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: B-DITCH; 20+70

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1597/827245

Batch time: 9:06 AM

Time In Mixer: 1 HOUR 20 MINUTES

Mix No. : 994013

Concrete Temp: 81 DEGREES

Weather: CLEAR 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/21/04.

Sample Date: 09/20/2004

Set No. : 1 of 3 specimen(s)

Slump: 1"

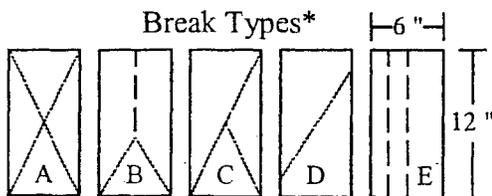
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 18 OF 90 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06509-0008A | 7 | 09/27/2004 | 112,000 | 28.27 | 3,962 | 99 | A |
| C06509-0008B | 28 | 10/18/2004 | 140,000 | 28.27 | 4,952 | 124 | A |
| C06509-0008C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL STA. 17+40 & 16+80

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1597/827315

Batch time: 10:28 AM

Time In Mixer: 1 HOUR 30 MINUTES

Mix No. : 994013

Concrete Temp: 89 DEGREES

Weather: CLEAR 85 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 9/29/04.

Sample Date: 09/28/2004

Set No. : 1 of 3 specimen(s)

Slump: 1.5"

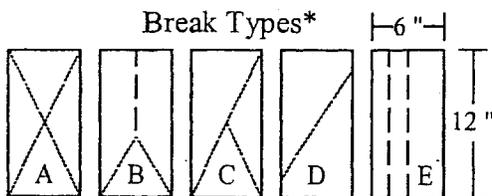
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 10 GALLONS

Batch Size: 45 OF 57 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06524-0009A | 7 | 10/05/2004 | 95,000 | 28.27 | 3,360 | 84 | A |
| C06524-0009B | 28 | 10/26/2004 | 120,000 | 28.27 | 4,245 | 106 | A |
| C06524-0009C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: N/A

Sample Date: 10/04/2004

Truck/Ticket: 1597/827352

Set No. : 1 of 3 specimen(s)

Batch time:

Slump: 3"

Time In Mixer: N/A

Entrained Air: N/A

Mix No. : 994013

Design Strength: 4000 psi

Concrete Temp: 82 DEGREES

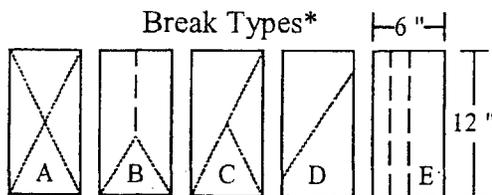
Water Add on-site: NONE

Weather: CLEAR 80 DEGREES

Batch Size: 18 OF 65 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/5/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06542-0010A | 7 | 10/11/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06542-0010B | 28 | 11/01/2004 | 121,000 | 28.27 | 4,280 | 107 | A |
| C06542-0010C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/12/2004

Truck/Ticket: 1597/827402

Set No. : 1 of 3 specimen(s)

Batch time: 11:27 AM

Slump: 1"

Time In Mixer: 1 HOUR 40 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 88 DEGREES

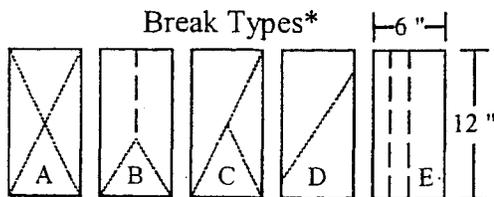
Water Add on-site: NONE

Weather: PARTLY CLOUDY 82 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/13/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06575-0011A | 7 | 10/19/2004 | 84,000 | 28.27 | 2,971 | 74 | A |
| C06575-0011B | 28 | 11/09/2004 | 118,000 | 28.27 | 4,174 | 104 | A |
| C06575-0011C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/18/2004

Truck/Ticket: 1597/827461

Set No. : 1 of 3 specimen(s)

Batch time: 12:44 PM

Slump: 2"

Time In Mixer: 2 HOURS

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 82 DEGREES

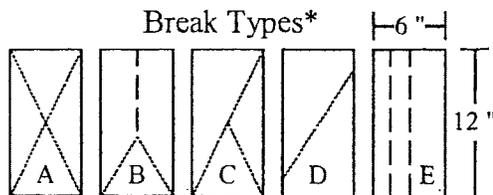
Water Add on-site: NONE

Weather: CLOUDY 70 DEGREES

Batch Size: 54 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/20/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06613-0012A | 7 | 10/25/2004 | 115,000 | 28.27 | 4,068 | 102 | A |
| C06613-0012B | 28 | 11/15/2004 | 125,000 | 28.27 | 4,422 | 111 | A |
| C06613-0012C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/21/2004

Truck/Ticket: 1705/827476

Set No. : 1 of 3 specimen(s)

Batch time: 9:25 AM

Slump: 3.5"

Time In Mixer: 60 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 83 DEGREES

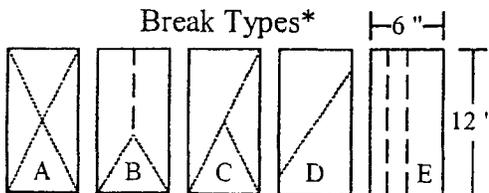
Water Add on-site: NONE

Weather: CLOUDY 75 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06615-0013A | 7 | 10/28/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06615-0013B | 28 | 11/18/2004 | 100,000 | 28.27 | 3,537 | 88 | A |
| C06615-0013C | 56 | 12/16/2004 | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Todd Cheatwood

Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/22/2004

Truck/Ticket: 1705/827488

Set No. : 1 of 3 specimen(s)

Batch time: 9:45 AM

Slump: 2.0"

Time In Mixer: 40 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 85 DEGREES

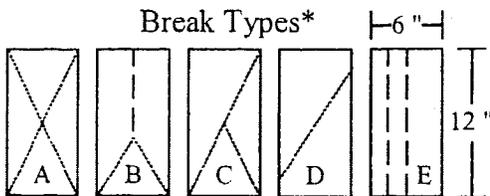
Water Add on-site: NONE

Weather: CLOUDY 75 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/23/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06617-0014A | 7 | 10/29/2004 | 85,000 | 28.27 | 3,007 | 75 | A |
| C06617-0014B | 28 | 11/19/2004 | 116,000 | 28.27 | 4,103 | 103 | A |
| C06617-0014C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - F

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/25/2004

Truck/Ticket: 1364/827508

Set No. : 1 of 3 specimen(s)

Batch time: 8:35 AM

Slump: 3"

Time In Mixer: 90 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 80 DEGREES

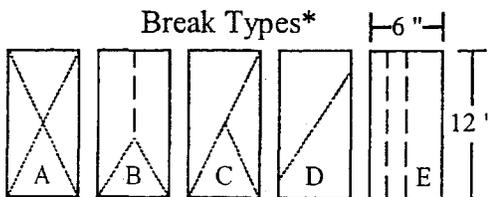
Water Add on-site: NONE

Weather: CLEAR 78 DEGREES

Batch Size: 27 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06625-0015A | 7 | 11/01/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06625-0015B | 28 | 11/22/2004 | 96,000 | 28.27 | 3,396 | 85 | B |
| C06625-0015C | 56 | 12/20/2004 | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/827520

Batch time: 10:15 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 84 DEGREES

Weather: CLEAR 79 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Sample Date: 10/26/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

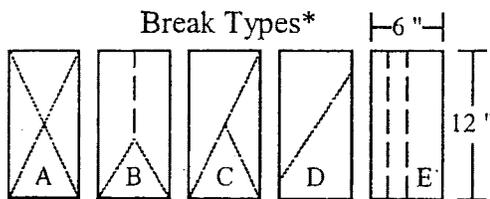
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 5 GALLONS

Batch Size: 36 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06626-0016A | 7 | 11/02/2004 | 83,000 | 28.27 | 2,936 | 73 | A |
| C06626-0016B | 28 | 11/23/2004 | 90,000 | 28.27 | 3,184 | 80 | A |
| C06626-0016C | 56 | 12/21/2004 | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1364/827535

Batch time: 8:31 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 83 DEGREES

Weather: CLEAR 78 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/28/04.

Sample Date: 10/27/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

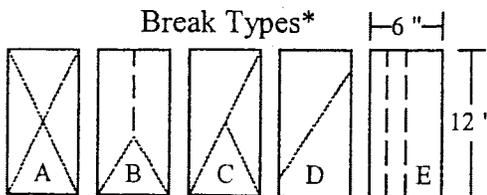
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: 8 GALLONS

Batch Size: 27 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06633-0017A | 7 | 11/03/2004 | 60,000 | 28.27 | 2,122 | 53 | A |
| C06633-0017B | 14 | 11/10/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06633-0017C | 28 | 11/24/2004 | 103,000 | 28.27 | 3,643 | 91 | B |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
Project Location: ANNISTON, ALABAMA

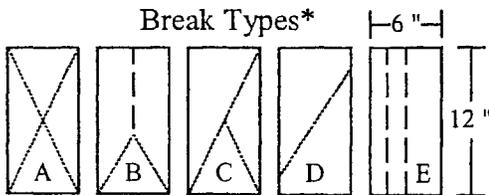
Placement Location: CANAL DITCH G
Sampled By: GALLET-FDEMPSEY
Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK
Truck/Ticket: 1599/827579
Batch time: 1:53 PM
Time In Mixer: 70 MINUTES
Mix No. : 994013-A1904
Concrete Temp: 85 DEGREES
Weather: CLEAR 80 DEGREES

Sample Date: 10/29/2004
Set No. : 1 of 3 specimen(s)
Slump: 2"
Entrained Air: N/A
Design Strength: 4000 psi
Water Add on-site: NONE
Batch Size: 48 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/30/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06645-0018A | 7 | 11/05/2004 | 65,000 | 28.27 | 2,299 | 57 | A |
| C06645-0018B | 14 | 11/12/2004 | 78,000 | 28.27 | 2,759 | 69 | B |
| C06645-0018C | 28 | 11/26/2004 | 85,000 | 28.27 | 3,007 | 75 | B |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL G DITCH

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 11/08/2004

Truck/Ticket: 1703/795553

Set No. : 1 of 3 specimen(s)

Batch time: 11:23 AM

Slump: 2"

Time In Mixer: 1 HOUR 40 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 75 DEGREES

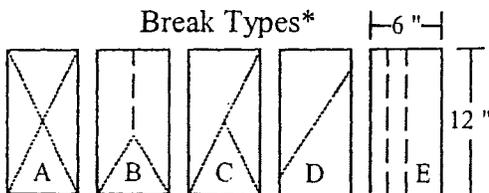
Water Add on-site: NONE

Weather: CLEAR 80 DEGREES

Batch Size: 36 OF 54 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/09/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06659-0019A | 7 | 11/15/2004 | 118,000 | 28.27 | 4,174 | 104 | A |
| C06659-0019B | 28 | 12/06/2004 | 141,000 | 28.27 | 4,988 | 125 | A |
| C06659-0019C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: STA. 9+15 - 8+55 G5

Sampled By: GALLET-TCHEATWOOD

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 11/10/2004

Truck/Ticket: 1703/827606

Set No. : 1 of 3 specimen(s)

Batch time: 10:05 AM

Slump: 2.5"

Time In Mixer: 90 MINUTES

Entrained Air: N/A

Mix No. : 994014

Design Strength: 4000 psi

Concrete Temp: 70 DEGREES

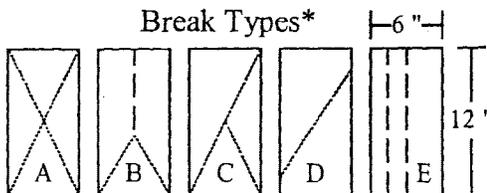
Water Add on-site: 15 GALLONS

Weather: CLEAR 68 DEGREES

Batch Size: 36 OF 90 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 11/11/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06664-0020A | 7 | 11/17/2004 | 115,000 | 28.27 | 4,068 | 102 | A |
| C06664-0020B | 28 | 12/08/2004 | 142,000 | 28.27 | 5,023 | 126 | A |
| C06664-0020C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G ST 5+30 - 4+70

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 827645/1364

Batch time: 1:24 PM

Time In Mixer: 90 MINUTES

Mix No. : 994014-A1904

Concrete Temp: 72 DEGREES

Weather: CLEAR 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/16/04

Sample Date: 11/15/2004

Set No. : 1 of 3 specimen(s)

Slump: 1"

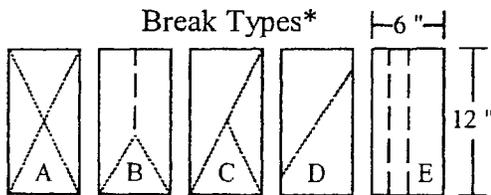
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 54 OF 77 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06675-0021A | 7 | 11/22/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06675-0021B | 28 | 12/13/2004 | 144,000 | 28.27 | 5,094 | 127 | A |
| C06675-0021C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G 4+10 - 4+70

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1165/827652

Batch time: 8:35 AM

Time In Mixer: 90 MINUTES

Mix No. : 994014A1904

Concrete Temp: 66 DEGREES

Weather: CLEAR 64 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/17/04.

Sample Date: 11/16/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

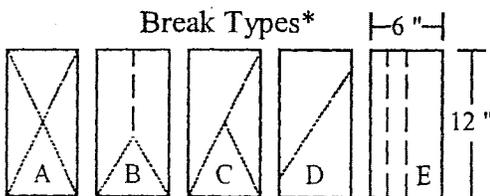
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 27 OF 77 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06683-0022A | 7 | 11/23/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06683-0022B | 28 | 12/14/2004 | 123,000 | 28.27 | 4,351 | 109 | C |
| C06683-0022C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: DITCH G 4+15 - 3+13

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1599/827665

Batch time: 10:50 AM

Time In Mixer: 1 HOUR 40 MINUTES

Mix No.: 994013-A-1904

Concrete Temp: 76 DEGREES

Weather: CLEAR 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/18/04.

Sample Date: 11/17/2004

Set No.: 1 of 3 specimen(s)

Slump: 2"

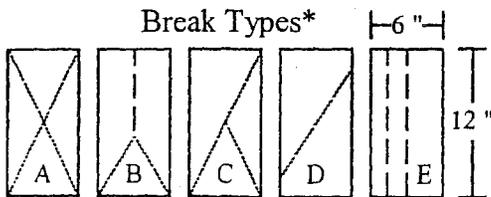
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 63 OF 125 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06693-0023A | 7 | 11/24/2004 | 100,000 | 28.27 | 3,537 | 88 | A |
| C06693-0023B | 28 | 12/15/2004 | 128,000 | 28.27 | 4,528 | 113 | B |
| C06693-0023C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford
Compressive Strength Report
 (ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: G DITCH 0+75 - 1+35

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1703/827680

Batch time: 11:08 AM

Time In Mixer: 60 MINUTES

Mix No. : 994013-A-1904

Concrete Temp: 76 DEGREES

Weather: PARTLY CLOUDY 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Sample Date: 11/18/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

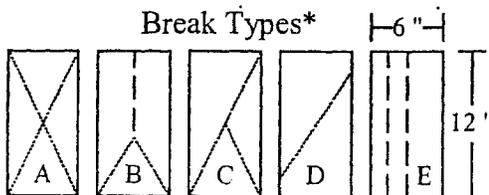
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 72 OF 99 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06694-0024A | 7 | 11/25/2004 | 132,000 | 28.27 | 4,669 | 117 | A |
| C06694-0024B | 28 | 12/16/2004 | | | | | |
| C06694-0024C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: G DITCH 1+35 - 1+95

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORP

Supplier: LAFARGE

Truck/Ticket: 1597/827694

Batch time: 9:22 AM

Time In Mixer: 1 HOUR 40 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 68 DEGREES

Weather: CLOUDY LIGHT RAIN 64 DEGR

Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Sample Date: 11/19/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

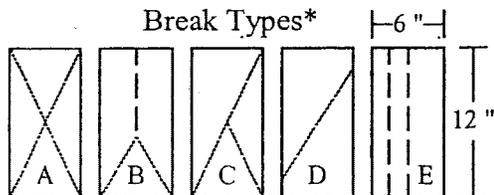
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 45 OF 86 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06702-0025A | 7 | 11/26/2004 | 122,000 | 28.27 | 4,316 | 108 | A |
| C06702-0025B | 28 | 12/17/2004 | | | | | |
| C06702-0025C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood

Todd Cheatwood

Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Sample Date: 10/21/2004

Truck/Ticket: 1705/827476

Set No. : 1 of 3 specimen(s)

Batch time: 9:25 AM

Slump: 3.5"

Time In Mixer: 60 MINUTES

Entrained Air: N/A

Mix No. : 994013-A1904

Design Strength: 4000 psi

Concrete Temp: 83 DEGREES

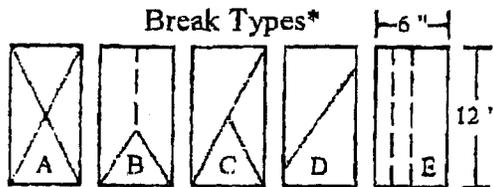
Water Add on-site: NONE

Weather: CLOUDY 75 DEGREES

Batch Size: 36 OF 63 YDS

Remarks: Picked up by Gallet & Associates, Inc. on 10/22/04.

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06615-0013A | 7 | 10/28/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06615-0013B | 28 | 11/18/2004 | 100,000 | 28.27 | 3,537 | 88 | A |
| C06615-0013C | 56 | 12/16/2004 | 121,000 | 28.27 | 4,280 | 107 | A |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - F

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1364/827508

Batch time: 8:35 AM

Time In Mixer: 90 MINUTES

Mix No. : 994013-A.1904

Concrete Temp: 80 DEGREES

Weather: CLEAR 78 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Sample Date: 10/25/2004

Set No. : 1 of 3 specimen(s)

Slump: 3"

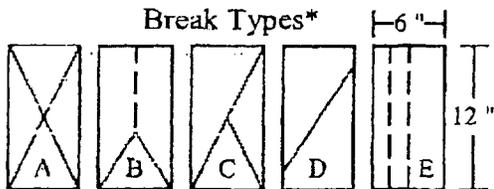
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

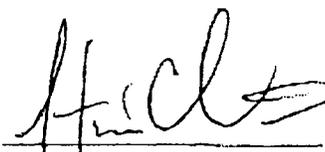
Batch Size: 27 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06625-0015A | 7 | 11/01/2004 | 75,000 | 28.27 | 2,653 | 66 | A |
| C06625-0015B | 28 | 11/22/2004 | 96,000 | 28.27 | 3,396 | 85 | B |
| C06625-0015C | 56 | 12/20/2004 | 98,000 | 28.27 | 3,467 | 87 | B |



* Break types apply to cylinders only.

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Reported By: 
 Todd Cheatwood
 Quality Control Manager

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
Client: TAYLOR CORPORATION
Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1705/827520

Batch time: 10:15 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 84 DEGREES

Weather: CLEAR 79 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 10/27/04.

Sample Date: 10/26/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

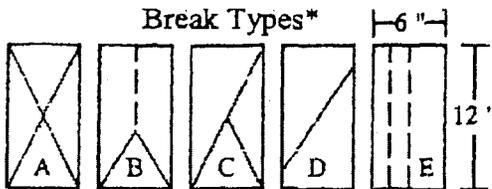
Entrained Air: N/A

Design Strength: 4000 psi

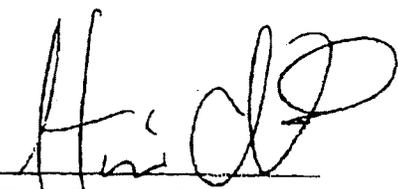
Water Add on-site: 5 GALLONS

Batch Size: 36 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06626-0016A | 7 | 11/02/2004 | 83,000 | 28.27 | 2,936 | 73 | A |
| C06626-0016B | 28 | 11/23/2004 | 90,000 | 28.27 | 3,184 | 80 | A |
| C06626-0016C | 56 | 12/21/2004 | 93,000 | 28.27 | 3,290 | 82 | A |



* Break types apply to cylinders only.

Reported By: 
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL - DITCH - G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1364/827535

Batch time: 8:31 AM

Time In Mixer: 1 HOUR 45 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 83 DEGREES

Weather: CLEAR 78 DEGREES

Remarks: Picked up by Gallet & Associates, Inc on 10/28/04.

Sample Date: 10/27/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

Entrained Air: N/A

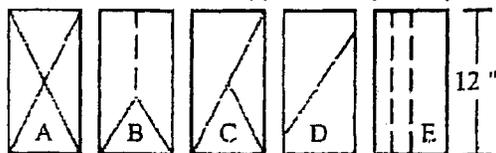
Design Strength: 4000 psi

Water Add on-site: 8 GALLONS

Batch Size: 27 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06633-0017A | 7 | 11/03/2004 | 60,000 | 28.27 | 2,122 | 53 | A |
| C06633-0017B | 14 | 11/10/2004 | 80,000 | 28.27 | 2,830 | 71 | A |
| C06633-0017C | 28 | 11/24/2004 | 103,000 | 28.27 | 3,643 | 91 | B |

Break Types*



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02

Client: TAYLOR CORPORATION

Address: P.O. BOX 3424

OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: CANAL DITCH G

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1599/827579

Batch time: 1:53 PM

Time In Mixer: 70 MINUTES

Mix No. : 994013-A1904

Concrete Temp: 85 DEGREES

Weather: CLEAR 80 DEGREES

Remarks: Picked up by Gallet & Associates, Inc on 10/30/04.

Sample Date: 10/29/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

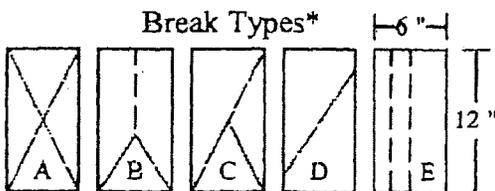
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 48 OF 63 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06645-0018A | 7 | 11/05/2004 | 65,000 | 28.27 | 2,299 | 57 | A |
| C06645-0018B | 14 | 11/12/2004 | 78,000 | 28.27 | 2,759 | 69 | B |
| C06645-0018C | 28 | 11/26/2004 | 85,000 | 28.27 | 3,007 | 75 | B |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

○ Percent design strength accentuated with an ellipse is below expected for the respective specimen age.
 "C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
 Client: TAYLOR CORPORATION
 Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION

Project Location: ANNISTON, ALABAMA

Placement Location: G'DITCH 0+75 - 1+35

Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORPORATION

Supplier: KIRKPATRICK

Truck/Ticket: 1703/827680

Batch time: 11:08 AM

Time In Mixer: 60 MINUTES

Mix No. : 994013-A-1904

Concrete Temp: 76 DEGREES

Weather: PARTLY CLOUDY 70 DEGREES

Remarks: Picked up by Gallet & Associates, Inc. on 11/19/04.

Sample Date: 11/18/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

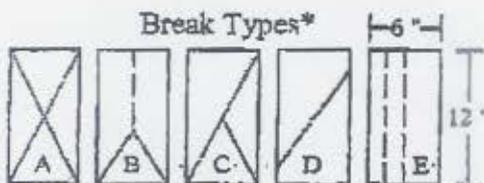
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 72 OF 99 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06694-0024A | 7 | 11/25/2004 | 132,000 | 28.27 | 4,669 | 117 | A |
| C06694-0024B | 28 | 12/16/2004 | 152,000 | 28.27 | 5,377 | 134 | A |
| C06694-0024C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By:

Todd Chestwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.

Gallet and Associates, Inc./Oxford

Compressive Strength Report

(ASTM C-39)

Project No. 04OTAY05.Q02
 Client: TAYLOR CORPORATION
 Address: P.O. BOX 3424
 OXFORD, AL 36203-

Project Name: MONSANTO 11TH STREET DITCH RESPONSE ACTION
 Project Location: ANNISTON, ALABAMA

Placement Location: G DITCH 1+35 - 1+95
 Sampled By: GALLET-FDEMPSEY

Contractor: TAYLOR CORP
 Supplier: LAFARGE

Truck/Ticket: 1597/827694
 Batch time: 9:22 AM

Time In Mixer: 1 HOUR 40 MINUTES
 Mix No. : 994013-A1904

Concrete Temp: 68 DEGREES

Weather: CLOUDY LIGHT RAIN 64 DEGR

Remarks: Picked up by Gallet & Associates, Inc. on 11/20/04.

Sample Date: 11/19/2004

Set No. : 1 of 3 specimen(s)

Slump: 2"

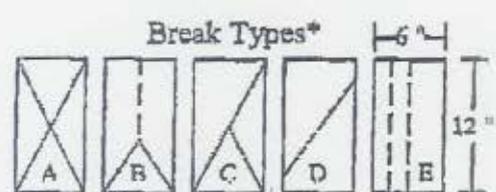
Entrained Air: N/A

Design Strength: 4000 psi

Water Add on-site: NONE

Batch Size: 45 OF 86 YDS

| Specimen Number | Age (Days) | Test Date | Load (pounds) | Area (in ²) | Strength (psi) | Design (%) | Break Type |
|-----------------|------------|------------|---------------|-------------------------|----------------|------------|------------|
| C06702-0025A | 7 | 11/26/2004 | 122,000 | 28.27 | 4,316 | 108 | A |
| C06702-0025B | 28 | 12/17/2004 | 148,000 | 28.27 | 5,235 | 131 | A |
| C06702-0025C | HOLD | HOLD | | | | | |



* Break types apply to cylinders only.

Reported By: Todd Cheatwood
 Todd Cheatwood
 Quality Control Manager

"C" prefix indicates standard concrete Cylinder sample.